C+D

7 October 20

Chemist+Druggist

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VICKS

You could pick up a cold
from the next thing
you touch

First

VICKS

Introducing NEW Vicks First Defence Protective Hand Foam

- A BREAKTHROUGH way to help prevent catching a cold via the hands
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FOR UP TO 3hrs

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"Covering the face when coughing or sneezing is good hygiene etiquette, but not everybody does, or can, wash their hands immediately afterwards. Here starts the journey of the cold virus and an important cause of cold transference. A product that can significantly impede this passage, particularly over the course of several hours, would certainly have a notable role in cold prevention."

Professor Ron Eccles, Director of the Common Cold Centre, Cardiff University

A sneezed on hand is host to thousands of cold germs. These germs can spread to anything the hand touches including someone else's hand, everyday objects and surfaces, where some germs can survive for up to 72 hours[3].

Washing hands is basic hygiene and an important way to control the spread of germs, but as soon as you touch another surface you can pick up new germs. The key to reducing the chances of infection is long-lasting action against new germs.

Don't let someone hand you a cold

Clinical Trial Statement
Source: Data on file at Procter & Gamble Health Communications, Inc. 2005.

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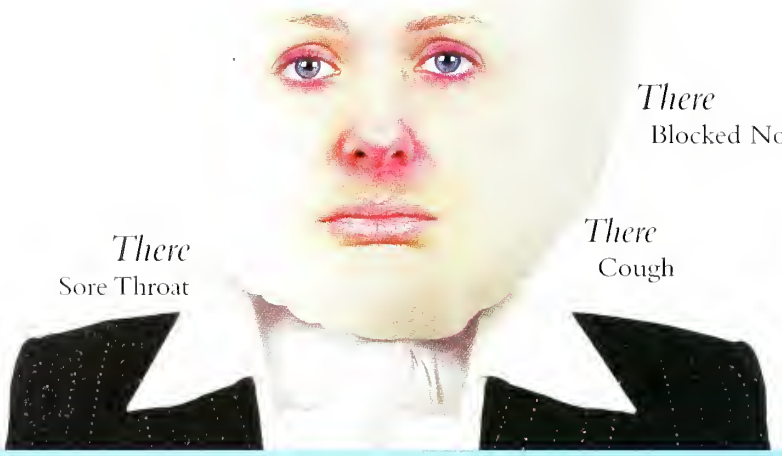
News: Pharmacists threaten boycott over Pfizer's direct supply deal

News: Health minister wants pharmacy to be part of expert patient programme

Features: Planning a refit? See what £100,000 will buy for your pharmacy

VICKS

NEW



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Pharmacy Champion

This week's Pharmacy Champion Cath Boury. Picture: Neil Turner

We'll boycott Pfizer brands, warn contractors

Industry Pharmacists angered by proposals for UniChem as sole distributor

Max Gosney

Pharmacists could boycott Pfizer products in protest at the drugs firm's plans to dictate orders via a single wholesaler.

Contractors called for an embargo unless the company abandoned proposals to appoint UniChem as its sole distributor from March 2007 (C+D, September 23, p6).

Maurice Hickey, who runs three pharmacies in the Scottish Highlands, said: "I don't see why Pfizer should dictate which wholesaler I use. If this deal goes through then I will be very proactive against it. I'll go to my local GPs and urge them to prescribe generic alternatives to Pfizer products and I will look to parallel imports."

Pfizer is sympathetic to contractors' concerns, says David Watson

Pfizer expressed sympathy with contractors concerned by proposed supply changes. David Watson, Pfizer's head of trade, told C+D: "It's a fair point some pharmacists may not want to switch wholesaler. We see pharmacists as an important part of our business. This is not a restriction of choice. You can still obtain Pfizer products from parallel importers."

But contractors remained strongly opposed to the scheme. David Poile, proprietor at Quarry Hill Pharmacy, Tonbrige, Kent, said: "I'm absolutely furious over this move. I don't use UniChem, but unless I sign up an account I can't fulfil my duties to patients. I don't particularly want to use parallel imports because they come in different pack sizes. But I would rather do that than be forced to do as Pfizer says."

David Grant, a pharmacist at Ernest H Law in Bradford, told C+D: "Forcing us to use UniChem as a wholesaler is an utter disgrace. Personally I shall be speaking with my local GPs and the PCT and requesting them not to promote Pfizer's drugs on their formularies unless there is no suitable alternative."

However, the Department of Health (DH) moved to ease contractors' fears. A spokesman said: "The DH will monitor the new arrangements. If the changes result in shortages, disruptions to supply, any additional costs to the NHS, or has a detrimental effect on funding pharmacy contractors, then the DH will seek to ensure the company takes corrective action."

See the Pfizer/UniChem response on p15-16

Trade slams 'arrogant' move by Pfizer

Industry Fierce reactions from across the industry

Max Gosney

Pharmacy leaders have lambasted Pfizer's bid to supply drugs direct to pharmacies.

Forcing supply via a single wholesaler demonstrated "corporate arrogance" and would not deliver a "single benefit" to contractors, claimed pharmacy's trade body.

John D'Arcy, NPA chief executive, told C+D: " We do not like this scheme at all. It's going to lead to a loss of money from the supply chain and my fear is that pharmacists are going to pick up that cost. It's one large corporate flexing its muscle and telling us how it's going to be. It's a very arrogant move."

The NPA rejected Pfizer's claim it had launched the splinter distribution deal to tackle counterfeiting .

"Counterfeiting is not the exclusive domain of Pfizer. I think the whole thing is a red herring, which Pfizer is using to gain control of the market," Mr D'Arcy added.

Trade representatives pledged a unified response to the proposed supply deal, which means contractors can only obtain Pfizer products via UniChem. Simon Colebeck, managing director at Numark, said: "Anybody who stands for independent pharmacy needs to be thinking about a joined up reaction. I find this the most ill thought through, high handed thing I've seen."

The Independent Pharmacy Federation branded the Pfizer deal a "declaration of war". Graham Phillips, founder member of the organisation, told C+D: "We'll be seeking advice as to whether this can be challenged. At the minimum it brings the industry into disrepute."

Mark Griffiths, Cambrian Alliance chairman, said: "We and our members strongly believe patients will suffer as a result of this policy. This new announcement by Pfizer is a step too far."

"This is a bad deal for pharmacists. It will eradicate choice and competition in one swoop, both of which are necessary in order to keep costs down and quality of service up."
Steve Dunn, group managing director, AAH Pharmaceuticals.

"It's likely to only be a matter of time before others follow suit. Other manufacturers in six to nine months will follow Pfizer. It's a very unwelcome development."
Ian Brownlee, managing director, Mawdsleys.

"This means there is a narrower route to market and there is the wider implication of what it might mean to pharmacy services and delivery schedules."
David Cole, chief executive officer, Phoenix Healthcare Supplies.

United Kingdom: the deal will deliver quality service and competitive discounts, say Pfizer and UniChem

Service 'will not suffer'

Industry Pfizer and UniChem outline plans

Max Gosney

Pharmacists will suffer no setback in service levels when UniChem becomes the sole distributor of Pfizer products, the companies behind the breakaway deal have claimed.

Contractors can expect 100 per cent coverage when the service is launched in March 2007, stated Pfizer and UniChem.

David Watson, Pfizer's head of trade, said: "We will get to the situation where every pharmacy will have the same level of service they receive today. Even if customers only want to order one pack of medicine, we will deliver."

UniChem had been appointed sole "distributor" after the breakdown of negotiations with three national wholesalers, revealed Mr Watson.

"We've been working on this project for the last two years and started off talking to UniChem, AAH and Phoenix.

"By moving to this system we can guarantee the product is always in stock. Under the current supply system there have been lots of examples of Pfizer medicines becoming out of stock."

Switching supply to UniChem was not designed to cut costs, added Mr Watson. Pharmacists could expect "competitive" discounts with further details available "within the next three weeks", stated the Pfizer chief.

The company would also attempt to minimise associated administration from the switch, he said.

UniChem detailed plans to recruit 400 extra staff and more vehicles to cope with extra customer demand following the Pfizer tie-up.

Mark Stephenson, UniChem marketing director, said: "We've got no problems taking on extra customers. The delivery system has been independently audited by a consultancy logistics firm. This has been a very detailed piece of work and most UK pharmacies will receive twice daily delivery."

UniChem currently covers around 35 per cent of the UK market.

✓ Deal

- Pfizer claims the deal will help protect its products against counterfeiting and will improve the out of stock position at wholesalers.
- UniChem appointed distributor and commits to match current service levels.
- Minimum disruption to non-UniChem customers who must set up accounts with the wholesaler following the deal, says Pfizer.
- Competitive discount scheme.
- Door remains open to AAH, Phoenix and other wholesalers to enter the scheme.

✗ No deal

- Pfizer using counterfeiting as a smokescreen to exert greater control over its products in the pharmacy market. This could lead to lower discounts on Pfizer drugs, says the NPA.
- Some pharmacists could miss out on threshold discounts with existing wholesale partners.
- Other wholesalers may reduce service to pharmacists if losing profit.
- Minimum consultation with customers.
- Fears that UniChem will struggle to cope with extra delivery burden. Could lead to patient safety issues.

You decide: give us your views on the deal, vote in our poll and read more letters at www.dotpharmacy.com

Crisis summit for wholesalers

Wholesaling Deal sparks emergency talks

Tom Hawkins

Wholesalers gathered at an emergency meeting this week to co-ordinate a united stance against the Pfizer/UniChem deal.

The British Association of Pharmaceutical Wholesalers brought together heads of major wholesaling firms to discuss the move, which could wipe up to 15 per cent from revenues.

Pfizer has argued that the changes are being made to address perceived security concerns within the current distribution system.

However, wholesalers are incensed by the rationale. Martin Sawer, executive director of the BAPW, said that counterfeits only entered the UK through criminals and that it was "disingenuous" to link fake drugs with parallel importing.

"It is a slur on the wholesalers who work closely with suppliers, especially when new products need to get to market fast or when product recalls are necessary because of manufacturer error," he said.

PSNC backed the BAPW's comments. It claims the plans are driven primarily by a concerted effort to kill parallel trade and drug diversion and not by the recent discoveries of counterfeit Lipitor.

Fears spread across UK

Industry Concerns raised

Pharmacy organisations in Scotland, Wales and Northern Ireland have looked to secure supply guarantees from Pfizer.

The Scottish Pharmaceutical General Council said the Pfizer proposals, met with dismay and anger by contractors, could result in delivery troubles in remote areas.

Pharmacists in Northern Ireland have also questioned how they will be supplied given that UniChem has no distribution facility in the area.

However, Julian Streeter, UniChem operations director, said the company had "robust plans" for the region. TH

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Minister ponders expert patient role for pharmacy

Exclusive Pharmacy to aid chronic disease sufferers

Colin Brown

Pharmacies are to be invited to take part in the expert patient programme in which patients are put on courses to allow them to look after their own long-term healthcare.

The proposal came in an exclusive interview with Andy Burnham, the health minister in charge of pharmacy policy, at the Labour Party conference in Manchester.

Mr Burnham made it clear his suggestion that pharmacies should get involved was in its early days, and it would require the co-operation of Rosie Winterton, the health minister in charge of the expert patient programme.

"I am seized by the problem around chronic disease. The figures show the numbers of people living with chronic disease will double over the next decade. These are figures which would stop anyone in their tracks in the health service," he said.

Picture: ImageCapture

Andy Burnham: considering promoting pharmacy in expert patient programme

"I think pharmacists have an extremely important role in helping people control their conditions. One thing which may be of interest is that I have been looking at the expert patient programme run by the Department of Health.

"It's one of the most exciting things we have started and one of our unsung initiatives. I have heard it said that in general practice there is resistance to the principle of having expert patients, that to have them is dangerous in some way, and there are problems of securing referrals for people to take a course in the expert patients programme.

"I wonder whether I as the minister responsible for pharmacy and Rosie Winterton, the minister responsible for the expert patients programme, can talk about whether we could give pharmacists a more important role in the expert patients programme because obviously they are in regular contact with people.

"If there are problems getting referrals then perhaps pharmacies can help patients do that."

News in brief

Quit for a holiday

Two PCTs in Kent are encouraging patients to kick the smoking habit by offering a free holiday.

Medway and Swale PCTs offer a free trip worth £2,000 to the chosen lucky quitter.

The PCTs insist the holiday only costs as much as a local newspaper ad encouraging people to quit.

Conveen urine bag recall

Coloplast is recalling the Conveen Standard 1,500ml, sterile and non-sterile urine bag, item number 050621 1006, lot numbers 546740, 568782 and 576109 because of a possible fault in the foil from which the bags are made.

ABPI suspends Merck

The UK branch of drugmaker Merck has been suspended from the ABPI following last week's revelations (C+D, September 30, p8), that they acted unethically when they took healthcare professionals to dinner. The ABPI said a three month suspension of Merck Sharp and Dohme was unavoidable.

PDA slams FtP consultation

PDA Response points out fundamental flaws

The Pharmacists' Defence Association has made 13 recommendations in a hard-hitting response to the RPSGB's consultation on proposed new fitness to practice (FtP) rules.

The PDA says the consultation has two fundamental flaws: that it is premature and that the consultation has been low key and may have passed unnoticed by many registrants.

Furthermore, like the Section 60 order, the PDA believes that the draft FtP rules fail to achieve balance between public protection issues and treating registrants with courtesy and fairness.

"Its focus is punishment and retribution. It makes no attempt at putting learning and rehabilitation at [its] heart," said director John Murphy in the PDA's provisional response.

Among its 13 recommendations to the FtP consultation working group, the PDA highlights three main areas of concern:

Interim orders: The PDA believes there is evidence that the RPSGB does not truly understand the potential impact of an interim order.

Furthermore, the conditions imposed by the interim order need to take into account the nature of the order, and the carrying out of the order should be monitored.

It recommends that the use of an interim order to suspend a registrant can only ever be justified when there is a real and present risk to the public.

Corporate accountability: Like the draft S60 order, the draft FtP rules do not adequately address the issue of corporate accountability. Particular issues of concern include the lack of aggravating factors involving commercial gain.

It recommends that the RPSGB should urgently incorporate measures which will enable it to deal with corporates.

Standards and burden of proof: By using a lower standard of proof, it will now be easier to successfully prosecute a case against a registrant. The RPSGB needs to counterbalance this by producing more robust and transparent procedures than are currently in place, including the recommendation that a registrant is given full access to all paperwork relating to his case. **AC**

Home oxygen failing, says MP. See page 10 ›

BROLENE PRESCRIBING INFORMATION
Presentotians: Eye Drops contoining Propomidine Isetionote 0.1% w/v. Eye Ointment contoining Dibramopropomidine Isetionate 0.15% w/w. **Indications:** Treatment of minor eye infections. **Dosage & Administration in Adults (including the elderly) and Children:** Eye Drops: One or two drops applied topicolly up to four times o doy. Eye Ointment: Apply once or twice doily into the eye. **Contraindicatians:** Hypersensitivity to ingredients. **Precoutians and Wornings:** Blurring of vision moy accur on instillotion. Potient should not drive or operote machinery until vision is clear. If visian becames disturbed, symptoms became worse or no significant improvement occurs after two doys use, treotment shauld be discontinued and medicol odvice obtoined Eye drops or the ointment ore unsuitoble for use with hord or soft contoct lenses **Pregnancy:** Should not be used during pregnancy or loctotion unless considered essentiol by o physicion. **Adverse Effects:** Hypersensitivity. **Legal Categary:** P. **Phormaceutical Precoutions:** Store below 25°C. Eye drops should be discarded 28 doys ofter first opening (7 doys in hospitol). Eye ointment should be discarded 28 doys ofter opening. **Product License number:** Eye Drops 10ml bottle - PL04425/0197; Eye Ointment 5g tube - PL04425/0198. **Retail Price:** Eye Drops 10ml bottle - £4.59; Eye Ointment 5g tube - £4.79. **Marketing Authorisation Holder:** Aventis Phormo Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH. Further informotion is ovoilable from sonofi-oventis, One Onslow Street, Guildford, Surrey, GU1 4YS **Date of Preporotion:** June 2006.

BROCHLOR EYE DROPS PRESCRIBING INFORMATION
Presentotion: Eye draps contoining chloromphenicol 0.5% w/v **Indicotions:** Treotment of ocute bocteriol conjunctivitis. **Dasoge and Administrotion:** Adults ond children oged 2 ond over: One drop opplied to offected eye every two hours for the first 48 hours ond 4 hourly thereofter. Treatment should be continued for 5 days, even if symptoms improve. **Controindicotions:** Hypersensitivity to ingredients. Knawn personal or fomily history of blood dyscrosios including oplastic anaemia. **Precoutions and wornings:** Prolanged use (greater thon 5 doys) should be ovoided unless opproved by o doctor, os it moy increose likelihood of bocteriol resistonce Medicol odvice should be obtoined if there is disturbed vision, eye pain, photophobia, eye inflommotion with scolp/eye rosh, cloudiness of eye, unusuol pupil or suspected foreign body in eye. Refer to doctor if past medical history includes recent conjunctivitis, glaucoma, dry eye syndrame, eye/loser surgery in lost 6 manths, eye injury, other eye drops, contact lens use Contact lenses should not be used during treotment Soft lenses should not be reploced for 24 hours ofter treotment. If symptoms do not improve within 48 hours, or get worse, refer to doctor. Excipient phenylmercuric nitrole can couse mercurialentis ond otypical band kerotopothy. **Interactions:** Avoid use with drugs liable to depress bone morrow functian **Pregnancy:** Not recommended for use during pregnancy or loctotion. **Adverse Effects:** Transient blurring of vision. Avoid driving unless vision is cleor. See SPC for full detoils on side effects. **Pharmaceutical precautians:** Protect from light. Store between 2°C and 8°C. **Legal Categary:** P. **Product licence number:** PL04425/0366 **Retail Price:** £4.75. **Dote of preparotion:** June 2006 **Marketing Authorisotion Holder:** Aventis Pharmo Ltd, 50 Kings Hill Avenue, Kings Hill, West Molling, Kent, ME19 4AH. Further informotion is ovoilable from sonofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS.

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BRO-06/013

Oxygen service gasping for breath

Contract Contractors still adjusting schedules to supply pharmacies and meet patient demand

Jennifer Rigby

The new home oxygen scheme is not coping, a leading MP has claimed, just as the system was scheduled to completely replace the pharmacy based oxygen service.

October 1 was supposed to be the deadline for all home oxygen cylinders to be provided directly by the regional suppliers instead of through pharmacies. However, some contractors, such as BOC, have again adjusted their schedules to continue providing oxygen to pharmacists because of the sheer demand from patients.

Damian Green, Conservative MP for Ashford, believes this is because the new direct system is unworkable.

"I am very worried. This is a system which is not working and it has to work," he said. "The issue was raised by my constituents, who have had huge problems. The cylinders aren't getting delivered, or they're late, or the wrong size," he added.

Damian Green: system 'unworkable'

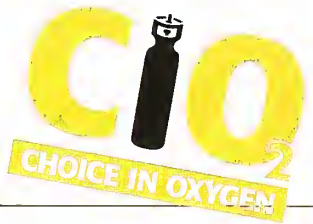
"People rely on it to survive, that's about as serious as it gets," he said.

The problems with the new service have occurred across the country since the transition period began on October 1 last year, with the Liberal Democrat Party branding it a "shambles" earlier this year following two alleged patient fatalities after oxygen delivery delays.

The NPA said: "We still have valid concerns about the current and future arrangements for the supply of oxygen to patients."

Allied Respiratory, the oxygen contractor for Kent and the rest of the South East of England, was not available for comment.

- BOC has announced that it will continue to supply home oxygen cylinders to pharmacies in the following areas for one month after the October 1 deadline: South West, Wales, East Midlands, West Midlands, Yorkshire and Humberside, North West and London North.



Oxygen headset payments

Pharmacy contractors who provided an oxygen cylinder service on or after September 30, 2005, can claim a one-off payment for withdrawal from service of authorised headsets.

Payments for the continued use and maintenance of these headsets during the transition to the new suppliers are a matter for local negotiation.

For English contractors, claim forms are available from the forms section at www.psnc.org.uk. In Wales, this form is available from LHBs. Claims should be made by December 31, 2006.

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PSNI highlights nine areas for Foster debate

PSNI Society says membership will 'dictate our position'

The Pharmaceutical Society of Northern Ireland has highlighted nine areas from the Foster Report for members to consider prior to the debate at next week's AGM.

The report, which covers the regulation of non-medical healthcare professionals, centres on improving patient safety, PSNI director Raymond Blaney said.

However, prior to the meeting on October 12, members might also want to consider whether:

- Common standards can be created and be consistent across all professions.
- Revalidation is necessary, and if so, in what form.
- There is support for the principle of employer-led self-regulation.
- There is support for a single source of advice to the general public in relation to complaints.
- The make up of the CHRE Council should be modified.
- Regulatory authorities should retain a dual professional and regulatory representation.
- The PSNI should work towards a merger with the RPSGB.

It also suggests members consider:

- How adjudication should be structured in the future.
- What level of lay membership the Society should adopt and how such members should be introduced.

The PSNI is planning to formally consult with members until the end of the month and intends to let the "membership dictate our position".

Mr Blaney added that a future merger with the RPSGB could result in increased costs for members. NI pharmacy initiatives could also be subject to centralised policy setting and delays. "Our voice would be muted – our relationship with the membership would be distanced and compromised. Next stop a call centre in India," he said. **AC**

Kerr resigns to take up registrar post

PSNI president Brendan Kerr has resigned to take up the post of PSNI registrar and head of professional services. Mr Kerr has been president since October 2005, and was also chairman of the PSNI council. PSNI vice-president Raymond Anderson will assume the council chairmanship until the election of the new president at the October council meeting.

RPSGB is supporting new era for PCTs

RPSGB Reduced PCT numbers will benefit patients and taxpayers

The shake-up in the primary care trust system has been welcomed by the Royal Pharmaceutical Society.

The new PCT system, which came into effect on October 1, reduced the number of PCTs from 303 to 152 to benefit patients and taxpayers, according to the government. It also increased the number of PCTs whose boundaries mirror local authority boundaries from 44 per cent to 70 per cent.

David Pruce, director of practice and quality improvement at the RPSGB, said: "We support the idea of new ways of commissioning and have long said that pharmacy should be more central to PCT agendas. We hope to see that this will lead to more exploration of what pharmacy could do to help PCTs deliver for patients and the public."

NHS chief executive David Nicholson said: "The new PCTs coming into effect on October 1 represents the culmination of months of hard work and consultation. But the real work starts now."

The next stage is a development programme for all PCTs. **JR**

The right balance of milks, right for all their needs

Although breast milk is best for babies, some mums are unable to breast feed, or choose not to for medical, social or physical reasons. Many of these mums need advice about which infant formula is appropriate for their baby, and they may turn to you for help in making their choice.

Giving information to parents on infant milks

SMA Nutrition offers a range of infant milks and special feeds to meet the needs of different babies and toddlers. The recommendation guide below can help you advise parents on which infant milks are suitable and at what age.

SMA Gold*. Balanced to be closer to breast milk

- Whey-based infant formula from birth
- Balance of nutrients similar to those in breast milk to support healthy growth, development and immunity
- Most popular infant formula in UK

SMA White*. Balanced for hungrier babies

- Casein-based formula, more satisfying for hungrier babies
- Can help delay weaning until the recommended time

SMA Progress*. Balanced for older babies and toddlers

- Follow-on milk suitable from 6 months to 2 years
- Balanced with higher levels of iron, zinc and vitamins C and D than cows' milk[1]
- Helps meet baby's changing iron needs and helps prevent iron deficiency[2]

SMA High Energy*. Balanced for babies with faltering growth

- Clinically proven to promote weight gain in babies[7]
- Balanced with important breast milk nutrients, so babies don't miss out on these important nutrients

SMA Wysoy* [illegible] infant formula

- Balanced nutrition for babies who are intolerant to cows' milk
- Free from lactose and cows' milk protein
- Suitable for vegetarians

SMA LF*. Balanced for babies with lactose intolerance or colic

- Clinically lactose-free formula for bottle-fed babies who are lactose intolerant
- Low-lactose formulae are recommended by the NHS in the UK for bottle-fed babies with colic[3]

SMA Staydown*. Balanced for babies with significant reflux

- Clinically proven to help ease significant reflux (regurgitation) in formula-fed babies[4-6]
- Complete milk formula containing an easily digestible pre-cooked cornstarch that thickens in the stomach, not in the bottle

References: 1. The Composition of Foods (McCance and Widdowson, eds) 6th Edition, Food Standards Agency, 2002. **2.** Williams J, Wolff A *et al.* Iron supplemented formula milk related to reduction in psychomotor decline in infants from inner city areas: randomised study. *Br Med J* 1999; **318:** 693-697. **3.** www.prodigy.nhs.uk/guidance.asp?gt=Colic%20-%20infantile. Last accessed September [illegible] **4.** Gonzalez LM *et al.* Effect of formula with pregelatinized cornstarch in the treatment of regurgitation in infants. *Rev Obstet Gynecol Venez* 2002; **62:** 27-31. **5.** Ramirez-Mayans J *et al.* Nutritional manag[illegible] of children with gastroesophageal reflux: a comparison of two different thickened formulas. *Int Pediatr* 2003; **18:** 78-83. **6.** Xinias I *et al.* An antiregurgitation milk formula in the management [illegible] to moderate gastroesophageal reflux. *Curr Ther Res* 2003; **64:** 270-278. **7.** Peake D *et al.* Feeding in infants with increased energy requirements. Irish Paediatric Association Meeting Abstract. [illegible]

IMPORTANT NOTICE: Breast feeding is best for babies. SMA infant milks are intended to replace breast milk when mothers do not breast feed. Professional advice should be followed on the need for and proper method of use of [illegible] infant feeding. • SMA PROGRESS is a follow-on milk for babies over 6 months and is not intended to replace breast feeding. When used in conjunction with solid feeding, it provides the nourishment essential to a baby's health. • SMA WYSOY milk free formula is intended to meet the nutritional needs of infants and children who are intolerant to cows' milk protein, lactose or sucrose. Medical guidance should always be sought. Soya infant formulae are not [illegible] babies or those with kidney problems. • SMA STAYDOWN is intended to replace breast milk when mothers do not breast feed and when reflux (regurgitation) is a problem. If the baby's regurgitation does not improve with [illegible] or if the infant fails to thrive, parents are advised to consult their family doctor. • SMA HIGH ENERGY is a food for special medical purposes intended for the dietary management of infants and young children with [illegible] intended for newborn premature babies, for whom fortified breast milk or a low birthweight formula is more appropriate. SMA LF is a food for special medical purposes intended for the dietary management of infants and [illegible] or sucrose, or who are suffering from symptoms such as diarrhoea, tummy ache or wind caused by temporary lactose intolerance. It is not suitable for those who are allergic to cows' milk protein, or who suffer from galac[illegible] SMA HIGH ENERGY and SMA LF must be used under medical supervision. Both these foods are suitable as the sole source of nutrition for infants up to six months of age, and, in conjunction with solid food, for infants and [illegible]

SMA Nutrition, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH.

*Trade Mark

NPA sets out 11 steps to pharmacy heaven

NPA Reaction to APPG inquiry highlights areas for action in pharmacy

Ailsa Colquhoun

Community pharmacy has great potential to increase its contribution to the NHS. However, there are barriers to overcome if the vision is to become a reality, the NPA has said in its response to the All-Party Pharmacy Group inquiry into the future of pharmacy.

The new community pharmacy contract, supplementary and independent prescribing and practitioners with special interest will all contribute to making the best use of pharmacists' expertise. But certain factors must be in place if this potential is to be fulfilled, the NPA said. The organisation highlighted 11 areas for action including:

- Pharmacists must be treated equitably by commissioners in relation to other service providers.
- Services, such as NHS minor ailment schemes, must be drawn into the essential and advanced tiers of the contract.
- Steps must be taken to increase GP awareness of the pharmacy contract and its benefits to patient care.
- Unclaimed money allocated for MURs must be repatriated to develop the service, rather than used to write off PCT deficits.
- Community pharmacists are represented on professional executive committees or equivalents of reconfigured PCTs.
- The NHS must guard against the danger that regional/national administration of procurement will lead to large contracts that can only be delivered by large contractors.
- Control of entry exemption rules (especially regarding 100 hour pharmacies) must be tightened up to give community pharmacy owners investment confidence.
- Community pharmacists must be provided with full access to the NHS intranet, within the bounds of patient consent.

Pharmacy to lead first class healthcare

Pharmacy should play a leading role in the future of primary healthcare, a leading pharmaceuticals director has said.

In a paper submitted to the APPG inquiry on the future of pharmacy in England, group managing director of AAH Pharmaceuticals Steve Dunn argues that community pharmacy should be at the forefront of primary care because of pharmacists' drug expertise.

Mr Dunn said: "The statistics speak for themselves. 50 per cent of all prescription drugs are not used properly or used at all, causing ill-health, reduced life expectancy and reduced quality of life. GPs get only a fraction of the training pharmacists do on drugs."

He also believes that pharmacy policy needs to be less fragmented to reflect the interconnected nature of the pharmaceutical supply chain.

Pharmacy on the flu front line

Medicines Jab delays force DH to look for alternatives

Pharmacists will be on the front line in the battle against influenza as the government's seasonal campaign kicks off.

Delays in the supply of the flu jab, possibly until December for some GPs, mean that the Department of Health is "looking for alternatives" to ensure that the at-risk population is aware of the jab and protected.

Dr David Salisbury, director of immunisation, said: "We are looking to local level to identify people who are high risk and to manage the supply and demand of the vaccine."

He also said that pharmacists' specialist drug knowledge and contact with patients would be essential. "All pharmacists have an important role to play in the provision of advice. After all, they are the first port of call when you get flu symptoms. Also, they know what medicines people are taking – and so can comment on risk factors."

Dr Salisbury also suggested that the DH is considering implementing the Scottish model at some point in the future, where pharmacists themselves give the injection. Several PCTs in England such as Hackney and City provide this already as an enhanced service.

Other major private providers have confirmed their involvement in the vaccination programme.

Boots and Asda will continue to offer the vaccine for around £15, Superdrug has expanded its immunisation service from 18 stores to 112, and Morrisons has confirmed that it will be offering the jab for the first time. **JR**

Contractors could offer vaccination as an enhanced service

Right jab: how UK is gearing up to fight flu

Northern Ireland: "There is no problem regarding the supply of vaccine for the flu programme in Northern Ireland. All vaccine has now been delivered to the province." Chief medical officer for NI, Dr Michael McBride.

Scotland: "Despite delays, I am assured that there will be sufficient vaccine to immunise at-risk groups before winter starts." Chief medical officer for Scotland, Dr Harry Burns.

Wales: "Given the delay in deliveries, our objective will be to ensure that vaccine is used for those most in need." Chief medical office for Wales, Dr Tony Jewell.

News in brief

Boots ups MUR tally

Alliance Boots is set to approve the completion of 60,000 medicines use reviews.

The company will report the figure as part of its half year results in November.

Birdsgrove bids

Birdsgrove House, the Royal Pharmaceutical Society's former convalescent home, attracted a healthy number of offers before the closing date for bids last week.

The grade II listed mansion was on the market through agent Knight Frank with a guide price of £1.88 million.

The historic contents of the house were sold at auction on August 23. The proceeds, which have not yet been released, will go to the Society's benevolent fund.

MUR toolkit

Kent LPC has produced a toolkit for contractors so they can form local groups of pharmacists to visit surgeries to explain to GPs what MURs are all about.

The toolkit includes a template letter from the contractors and the LPC to set up meetings with GP surgeries, posters for GP waiting rooms and pharmacies, leaflets and a PowerPoint presentation.

One in the eye

Eye drops could soon be superseded by a method of delivery that uses nanotechnology.

Dr John Tsibouklis, reader in polymer science at Portsmouth University, said his research team had developed a way to administer drugs to the eye using biodegradable polymer nanoparticles.

EPS safe

The departure of provider Accenture from contracts worth £2 billion in the NHS IT programme will have no impact on the EPS system. A spokesperson from Connecting for Health said there would be "minimal disruption".

Stand corrected

The Pharmacy Show guide included in this issue of C+D details the Robopharma stand as 180. It should have read stand 220.

Is their medication ending up where it should be?

Dysphagia, or swallowing difficulty, is a much more widespread problem than you might think.[1] It leaves many people, especially the elderly, struggling to swallow their medicine and often leads to it being thrown away.

Such non-compliance has serious consequences in that it can lead to poor outcomes, hospitalisation or even patient death.[2] It also costs the NHS over a billion pounds a year in wasted medicines and the costs associated with adverse clinical outcomes.[3]

That's why it makes sense to give people who can't swallow solid medicines a more appropriate formulation such as a liquid - and the sooner this is done the greater the difference it can make in terms of improved compliance and patient welfare.

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Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to Rosemont Pharmaceutic

Special feeds for babies

Managing colic and lactose intolerance

Colic affects up to a quarter of newborn children[1] beginning within the first weeks of birth.[2] Although it usually resolves by the age of 3-4 months,[2] the symptoms can be distressing for both parents and child.

Colic is defined as the child crying for at least three hours per day, at least three days per week for at least three weeks duration.[2] Typically, crying occurs in the late afternoon or evening and can be accompanied by drawing up of the legs, passing of wind, difficulty passing stools and facial flushing.[2]

The underlying cause of colic is unknown and it may be due to multiple factors, including transient intolerance to lactose and/or cow's milk protein.[2] Lactase is normally broken down into glucose and galactose by the lactase enzyme in the small intestine. In babies with colic, it is thought there is a reduction in the amount of lactase produced, so undigested lactase passes into the large intestine. There the lactose is fermented by bacteria, releasing carbon dioxide, hydrogen and lactic acid, which results in painful colic symptoms.

While treatment may not necessarily be needed as there is spontaneous resolution of colic, the distress and ability of parents to cope with the complaint are key factors when considering management.

Prodigy guidelines recommend a one week trial to eliminate lactose. If no response is seen within this time a trial of eliminating cow's milk protein may be considered:[2]

- **lactose elimination:** either use a clinically lactase-free infant formula, such as SMA LF*, in place of normal infant formula for bottle-fed babies, or add lactase drops 50,000 units/g to prepared feed or expressed breast milk (available on NHS prescriptions endorsed ACBS). Bear in mind that parents may find the addition of lactase drops inconvenient as they take time to incubate, which can mean disruption to normal feeding times
- **cow's milk protein elimination:** replace normal infant formula with a formula feed free from cow's milk. For breast-fed infants the mother should eliminate all dairy products from her diet.

If lactose elimination proves successful in reducing the child's discomfort, then parents can continue the use of low-lactose formulas until about 12 weeks of age, when the infant can be weaned back onto their usual baby milk over a the course of a week.[2]

In addition, parents should be advised that this is a normal stage of development for some babies and will resolve. They should be recommended to take time out if needed, and that alternative treatments (such as chiropractic spinal manipulation and cranial osteopathy); strategies such as increased carrying, soothing motion, car-ride stimulators and white noise; and herbal products have not been shown to be of benefit.[2]

If further support is needed, refer parents to CRY-SIS, a support group for families with excessively crying, sleepless and demanding children.
Tel: 08451 228 669. *www.cry-sis.org.uk*

Prodigy-recommended SMA LF*

Prodigy guidelines on infant colic advise that reassurance should be offered and common causes of excessive crying should be excluded before moving on to therapeutic intervention. For managing infant colic Prodigy specifically recommends the use of a lactose-free formula such as SMA LF to help minimise the symptoms of infantile colic as part of the one-week lactose elimination. Data show that infant formula with reduced lactose levels can reduce crying time and painful symptoms in some infants suffering colic.[3,4]

SMA LF is a clinically lactose-free, whey-dominant formula, with the added benefit of being enriched with nucleotides and beta-carotene to develop the immune system. Nucleotides also promote the growth of bifidobacteria in the gut, protecting against gastroenteritis and diarrhoea. As SMA LF has the familiar whey-based taste of SMA, weaning babies back to their normal feeding patterns after 12 weeks of use can be made easy.

SMA LF can also be used for the dietary management of infants and young children who have lactose intolerance as a consequence of acute gastroenteritis. Clinically lactose-free formulae have been shown to boost weight gain and shorten the duration of diarrhoea, compared with standard lactose-containing formulae.[5] SMA LF can be used as the sole source of nutrition for infants up to the age of six months and, with solid food, up to 18 months.

IMPORTANT NOTICE

Breast feeding is best for babies. You should always seek the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist on the need for and proper method of use of infant formulae and on all matters of infant feeding. SMA infant formulae are intended to replace breast milk when mothers do not breast feed • This product must be used under medical supervision. SMA LF is a clinically lactose free milk based formula for the dietary management of infants and young children who are intolerant to lactose or sucrose, or who are suffering from symptoms such as diarrhoea, tummy ache or wind caused by temporary lactose intolerance. It is suitable as the sole source of nutrition for infants up to six months of age, and in conjunction with solid food, for infants and young children up to eighteen months of age. SMA LF is not suitable for those who are allergic to cows' milk protein, or who suffer from galactosaemia or require a galactose free diet.

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Your views

Pfizer: why we chose UniChem

David Watson, head of trade at Pfizer, responds to critics of its latest initiative

As I'm sure you are aware, Pfizer announced a major patient safety initiative last week (C+D, September 30, p6). One week on, we have had time to reflect on the initial response. I want to use this opportunity to respond to your questions, while reassuring you of the benefits this change brings for pharmacists.

We recognise this is a major change and of course you have concerns. We go live with our new model in March 2007 and over the coming months we are absolutely committed to listening to your views and, in turn, promise to communicate regularly on the important issues you raise. This change is an opportunity for Pfizer to develop a direct relationship with you. We have been planning this for some time and have made our decisions only after careful consideration of the impact on a variety of stakeholders, particularly pharmacists.

As you know, we are the major supplier of medicines to the NHS, and have a deep concern over the medicines supply chain. Alarmingly, in a 12-month period, there have been three separate incidents of counterfeit Lipitor®, resulting in three separate batch recalls. I'm sure you and your patients will agree that one incident of counterfeit medicine reaching patients is one too many.

You will also be aware of supply problems that Pfizer have had in the past. Last year, we had a concern with Cardura XL® because of a manufacturing issue. Some wholesalers could get hold of the product while others couldn't. We had limited control over the situation which resulted in stock shortages in some areas and impacted pharmacy and patients. Under the new system we will be better able to manage these situations as we will have visibility over the supply chain.

We wanted to make this change as easy as possible for pharmacy and our original intention was not to work with just one provider. However, after intensive discussions with all national UK wholesalers and a competitive appointment process, Pfizer chose to partner with UniChem. This was for a number of reasons but mainly because of its shared concerns for patient safety, their operational capabilities and their ability to provide 100 per cent UK coverage.

I want to make it clear that all national wholesalers were invited to respond to Pfizer's initial request for a proposal. As they have not been chosen as a logistics partner we are not surprised that the Celesio/AAH/Lloyds group has reacted negatively. However, we are surprised by their criticisms of the model as we had been in detailed discussions and late stage planning with them for the past 18 months and at no point did they raise concerns about the impact of these reforms on pharmacies, patients or the NHS.

I also want to address the important issue of coverage and frequency. Pfizer and UniChem will jointly guarantee supply of Pfizer prescription medicines to all new and existing customers and ensure service patterns and frequencies are maintained. UniChem already has the capacity to deal with 100 per cent of Pfizer UK prescription medicines supply through its current warehouse infrastructure and only needs to make minor adjustments to ensure full coverage for all customers, including recruiting hundreds of additional drivers/delivery personnel and revising and enhancing its current distribution routes. To ensure we could guarantee 100 per cent coverage, Pfizer commissioned an independent logistics consultancy to validate UniChem's proposals and it confirmed that UniChem has the ability to maintain current service patterns and frequencies for all UK customers.

Another key question is around discounts. We are not in a position to disclose the final details yet but be assured we will be back in touch in the next few weeks to explain our new discount scheme. I would also like to stress that UniChem, which is acting as a logistic service provider, will have no visibility of or involvement with Pfizer discounts or terms and conditions and Boots will be treated in the same way as all of our pharmacy customers.

We are not in a position to disclose the final details yet but be assured we will be back in touch in the next few weeks to explain our new discount scheme

When we go live, all pharmacists will require an account with UniChem to order the full range of Pfizer prescription medicines. To ensure a seamless transition, we have made the sign-up process simple and straightforward. It will be a simple conversion task and your UniChem representative will support you through this.

I hope I have managed to correct some of the myths and misinformation circulating and have gone some way to reassuring you about the change and impact on you personally. We want an open dialogue with you over this transition. If you want to discuss any of these points please contact us on our dedicated phone line 0845 608 88[illegible] questions or your Pfizer representative will be happy to help you personally

Comment from the editor

Pfizer: there are still more questions than answers

If the decision makers at Pfizer did not already know how pharmacists would react to their decision to switch to direct supply, using UniChem as an agent, then they can have no doubts now.

Pharmacists, national pharmacy groups and wholesalers have not been shy about coming forward and making their views known. And there are few who have a good word to say about it. Boycotts and outright condemnation – the sector couldn't be any clearer about where it stands on this.

It's not just that there is little detail of the discounts that Pfizer will offer, nor an assurance that pharmacists will not be worse off, but the fact that if Pfizer goes ahead with the scheme, pharmacists will – if they want Pfizer's products – have no choice but to comply. And if smaller contractors are unable to negotiate a fair level of discount, it will only serve to further polarise the community pharmacy sector into the haves and the have nots.

And what of the effect on the rest of the supply chain? As one of the largest companies, Pfizer has a significant market share. What effect will transferring this share to one distributor have on the other wholesalers? Will they continue to be able to offer the same level of discount to their customers? There are more questions than answers.

And what happens when the next pharma company decides to follow suit? Will those wholesalers that missed out on the first deal be under pressure from their shareholders to make sure they don't lose out again? As Xrayser says, we "could end up with all wholesalers delivering to all pharmacies".

Pfizer makes its case (p15), but is this enough to allay your concerns? Send us your comments and join the debate; this is an issue which looks set to run. Could this be the catalyst that changes the pharmaceutical wholesaling model? As wafer thin margins are squeezed further, how long before twice daily deliveries are a thing of the past?

The sector couldn't be any clearer about where it stands on this

Your views

UniChem will deliver on its promises

UniChem managing director David Coles is confident of a successful distribution partnership with Pfizer

I would like to offer you some clarity on the background to the recent announcement from Pfizer.

Along with other national wholesalers, UniChem responded to a request from Pfizer to be involved in this new distribution model back in 2005. Following a tender process involving all three national wholesalers, UniChem was appointed to become Pfizer's sole distribution partner.

My intention here is to clarify what our involvement means for pharmacy and to offer you the true facts regarding our capability to deliver this new distribution model.

I think it would be useful to briefly clarify UniChem's role. Under the new arrangements, which come into effect in March 2007, Pfizer will no longer sell its prescription medicines to UK wholesalers, instead it will deal directly with pharmacists and dispensing doctors on all purchasing issues. UniChem will assume full responsibility for customer order taking and delivery, operating according to the terms/discounts Pfizer has agreed with pharmacy. Essentially, UniChem will become a full service logistics provider for Pfizer.

UniChem's involvement in this new distribution model means pharmacy is guaranteed a supplier that understands the industry and can maintain ease of ordering. With over 60 years' experience in pharmaceutical wholesale, industry-leading service levels, and with our roots firmly embedded in independent pharmacy, we are in an excellent position to ensure a full national distribution model operates effectively.

I can offer my absolute assurance that UniChem will ensure complete delivery coverage for all UK pharmacists and dispensing doctors when these new arrangements come into effect. What's more, our substantial investment plans mean we are completely confident that current service patterns will be maintained across the UK – with twice daily deliveries maintained as the industry standard.

We operate a large, multi-site operation, with full national coverage and plentiful capacity. We have invested heavily in our warehouse network in recent years to ensure that we have extra capacity in place, as well as top of the range automation systems. This interconnected network ensures that we have extensive back-up capabilities.

Pfizer carried out an intensive review of UniChem's operation before announcing these new arrangements through an independent audit. During this process, UniChem's branch network and disaster recovery plans were scrutinised closely by an independent, external consultancy and the result is that Pfizer is 100 per cent satisfied that we have the capability to maintain supply to all UK pharmacies and dispensing doctors from March 2007. The reputation of our business relies upon maintaining excellent service levels and you have my personal assurance that UniChem can, and will, deliver on its promises.

For those customers who have not traded with UniChem before, or who will be trading with us again from March 2007, I would like to assure you that we have made the account sign-up process as quick, simple and pain-free as possible. We will shortly be sending out a full information pack to to explain what is required, but rest assured that we will do everything in our power to ensure that this is a smooth (and hassle-free) process.

Finally, while I appreciate these new arrangements signal another change for pharmacy, I believe, ultimately, this is a change for the better. It is in all of our interests to work towards a totally secure supply chain to ensure patient safety for both pharmacists and patients. In the coming weeks we will engage with the profession to ensure these plans are fully understood and smoothly implemented.

Xrayser

Topical Reflections

They're doing what?

The arrogance and short-sightedness of Pfizer in choosing to distribute its products through a single wholesaler (C+D, September 30, p6) simply beggars belief.

This decision could single-handedly disrupt the basis on which the UK supply chain, pharmacists' remuneration and patient choice are built.

UniChem cannot possibly deliver twice daily to every pharmacy in the country so non-UniChem pharmacies will have to place bulk orders to meet all prescription requirements. This scheme will inevitably split pharmacy into UniChem and non-UniChem customers. Further splits will arise come any stock shortages if Boots and Alliance pharmacies get preferential treatment.

There are no guesses as to who will ultimately foot the bill. I don't yet know the terms, but someone will have to pay for all those extra UniChem deliveries, some of which may only be for one or two items. Many non-UniChem pharmacies will not order enough stock to receive any discount, even if there is any available. It will be impossible for the government to calculate nationwide purchase profits under this sort of system.

Pfizer seems unaware that it relies on a degree of goodwill from pharmacists at all levels for its success. Many will be recommending that local GPs prescribe out-of-patent products generically to ensure supply. And some patients wanting a patented product will simply have to wait for the next UniChem delivery. Local prescribing policies will have to take stock availability into consideration.

Pharmacists will find it difficult to refuse to dispense prescriptions for Pfizer products because of their terms of service and business considerations. But they can easily recommend other OTC products over the Pfizer offering. At least when GSK cut discount on its branded products it offered us its +Plus scheme as consolation. I can't see any such damage limitation scheme from Pfizer.

If all wholesalers bid in a tender process for this scheme it is not ultimately in anyone's interest except Pfizer's and if wholesalers had been united in refusing to take part in the scheme it wouldn't have happened.

If other manufacturers decide to follow suit we could end up with all wholesalers delivering to all pharmacies. It wasn't long ago that the BAPW was talking about charging us for any further rises in petrol prices, so how can anyone justify all this additional mileage? It's hardly good for the environment either.

There is a sad feeling of déjà vu about the whole thing however. Whatever feeble protests anyone makes there is ultimately very little we can do against the might of two multi-billion pound organisations hell bent on dominating the pharmaceut ical industry.

MUR rethink looks hopeless

I agree with Andy Murdock that I need to think again about meeting MUR targets (C+D, September 30, p6).

One day last week all six of my pre-booked MUR appointments failed to turn up, leaving me feeling extremely frustrated, not to mention deprived of income.

There is no way that I will ever achieve 400 MURs in a year because I would have to make appointments for at least 800 patients to ensure that 400 turn up. At this rate I will be dragging people in off the street.

CD

Non-[illegible] Intelligence Notebook

Patient registration

Mrs Flynn asked to buy some quinine sulphate 200mg tablets. She recently started suffering with leg cramp at night so quinine was recommended by a kindly neighbour. I declined the sale but recommended she see her GP.

It was Friday afternoon and the first chance to see a GP would be Wednesday, she told me. I assessed her and asked about her medicines but she couldn't remember them all, so I accessed her patient file and considered the azathioprine and the prednisolone possible culprits before dismissing their involvement. It seemed to be more than muscle cramp so I arranged an urgent GP appointment for Monday. On Tuesday she called to thank me. It was the Lipitor tablets; they affected her muscles so the GP stopped them.

As Lipitor was not on my PMR system, I asked when she started taking it. About two weeks previously, the GP surgery, in response to a blood test result, phoned and told her that a prescription had been written and the medicines could be picked up at the pharmacy next door.

Our new contract must consider the patient at the centre of things

For a long time I was against registration, yet more recently I have mellowed, feeling that it could provide patient benefits. Our new contract must consider the patient at the centre of things. Giving pharmacists an official longer-term responsibility for patients through registration could be a start.

The current contract requires only that we dispense the medicine in a timely fashion, yet we are required to keep PMRs. If I don't know what medicines my patients are taking, then I cannot provide a quality service that allows them to get the maximum benefit from the medicines while ensuring they avoid severe adverse events. Mrs Flynn was lucky, yet the current [illegible] did little to enhance her [illegible] let's not forget that [illegible] fourth in the list of [illegible] common caus[illegible]

Written b[illegible] practising in [illegible]

Pharmacy Champions

Pharmacists leading the way

What have you set up?
Last year, when the pharmacy was coming up to its 10th anniversary, we felt that we had been providing a good service with trained staff and had made strong links within the community and among local healthcare professionals.

However, we felt that the next 10 years would be challenging. The new contract was looming and despite support from organisations such as the NPA, Numark, PSNC and our LPC, we weren't sure as an independent that we had the robust structure we needed to compete. We therefore decided to go for Investors in People status.

This involved taking a long hard look at the pharmacy – its strengths and weaknesses, where we wanted to be in the short and long term, and what staff and colleagues could be doing to achieve our aims. We developed a business and training plan, tailoring it to what we would like to achieve as a business.

What benefit has it provided?
Initially it was real job satisfaction and pride in the fact that we were doing a good job. The investment in training all our support staff to NVQ Level 2 and 3 was also justified. Additionally, it gave us an edge at our monitoring visit from the PCT earlier this year as we already had much of the documentation in place and processes working.

How has it improved services?
We provide a range of services, with different members of staff taking responsibility for the lead on the services that we develop.

We have provided EHC under PGD since 2001 and Hull led the way with supervised consumption of methadone. Newer services include a technician-led weight management service and chlamydia screening. Three staff members have run a successful level two smoking cessation counselling service for more than a year.

Would you do anything differently?
It's hard to keep any plan up to date, but in general I'm very glad we put the work in for IiP. You do need motivation to keep on top of it and with all the demands of a modern pharmacy, that's often difficult. Better initial planning and a robust structure to follow would have improved the process. However, delegation and involving all team members makes it easier. It's a culture change for everyone involved and so takes time to implement.

Any advice for others?
Our ethos is to fully develop the potential of all our staff. Achieving IiP status at first seemed a lot of hard work and we felt we were creating documents just to prove we were doing what we said we did. However, during our PCT monitoring visit, the lay member gave us the nicest endorsement when he said he felt he was really seeing IiP in action.

Name
Cath Boury

Pharmacy
Newland Community Pharmacy, Hull

What has she done?
Achieved Investors in People status

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpmedica.com

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Business indicators

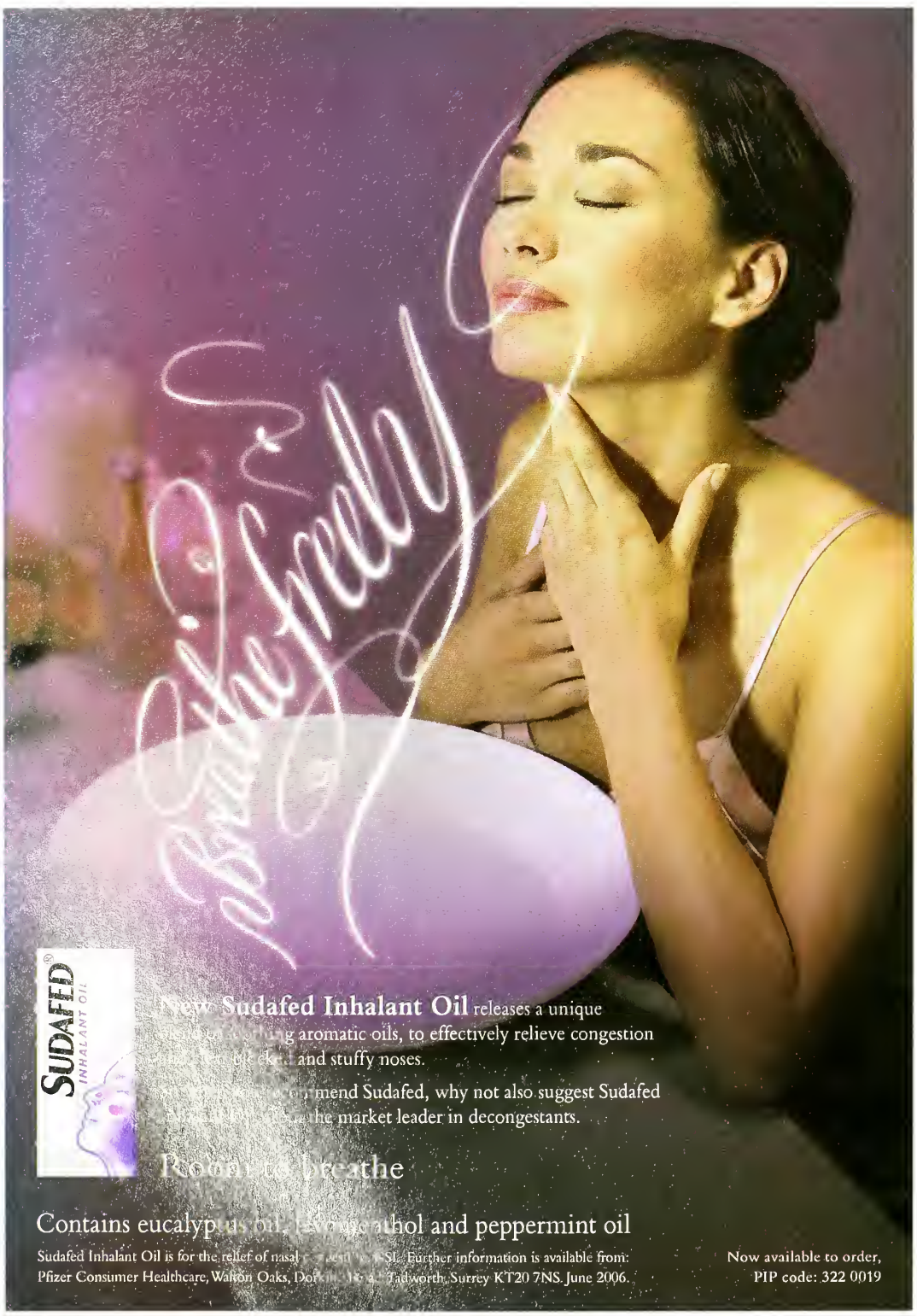
August was a slow month for chemists' sales volumes, says Peter Varley, not helped by the cooler weather

The latest, robust figures on activity in the high street and in the housing market suggest that most consumers have absorbed the Bank of England's August interest rate hike. And this, together with other new data that indicate inflation pressures are still spreading, makes a further rise in borrowing costs before the end of the year more likely than not.

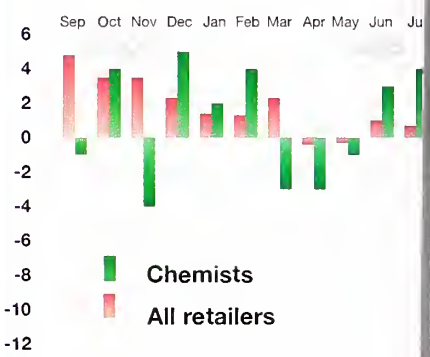
Retail sales growth remained solid overall during the summer, but demand for pharmaceutical, medical, cosmetic and toilet products stayed well below the level of a year earlier. Official figures reveal that volume sales of chemists goods fell by 6 per cent in August, and were down 8 per cent compared with 12 months before; total retail sales rose by 0.3 per cent and 4.3 per cent respectively over the same periods.

The underlying trend in chemists' sales volumes held steady between the two latest quarters to the end of August. But the year-on-year rate of demand worsened slightly, with a yearly decline of 6 per cent in the three months June to August compared with a 5 per cent annual fall in the previous three months.

In value terms, sales of chemists' goods fell 5 per cent in August, and were flat between the two latest quarters. The yearly decline in the latest

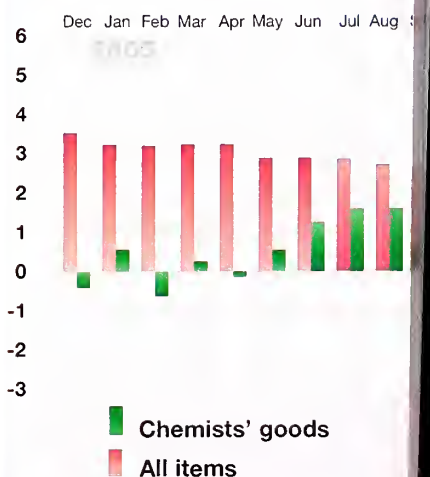


Retail sales



Gloom about job prospects helped fuel
August. Nationwide Building Society sa
on a year ago. Nonetheless, the CBI no
this year – slightly faster than previous

Retail prices



three-month period was also 5 per cent – down further from a 4 per cent fall in the three months to July.

Survey evidence from the British Retail Consortium shows that sales of toiletries and cosmetics slowed overall during August, despite continued growth in some premium ranges. And the cooler weather is reported to have held back sales of suncare and hayfever products.

Looking ahead, Oxford Economic Forecasting predicts that consumer spending on medical products will rise in value by nearly 11 per cent in 2007, up from an expected 7 per cent this year. Outlays on personal electrical appliances are set to grow by 5 per cent next year (down sharply from a forecast 24 per cent in 2006), while spending on articles for personal care will rise by around 3 per cent (from 1 per cent growth this year).

Meanwhile the government's retail sales price deflator fell by just 0.1 per cent in August, the smallest rate since January 2002, showing that despite strong competition retailers are having to discount less than before to attract sales.

Separate figures indicate that the consumer price index rose 2.5 per cent in August, from 2.4 per cent in July. The retail price index, which includes housing costs and is used as a benchmark for many pay rises and in index-linked contracts, was up 3.4 per cent, from 3.3 per cent in July.

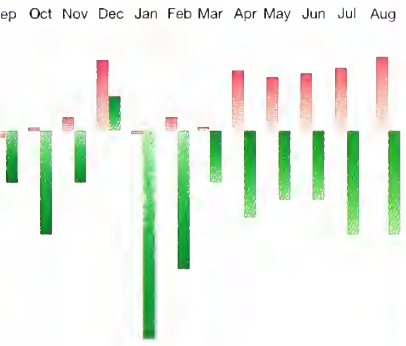
The average shop price of chemists' goods rose by 0.4 per cent during August, to an annual rate of 1.0 per cent, compared with 0.6 per cent the previous month.

Further back in the supply chain, manufacturers' prices for pharmaceutical preparations were 0.2 per cent lower than 12 months earlier, while toiletry prices fell by 1.4 per cent.

On staff costs, National Statistics says that annual earnings growth was 4.4 per cent in the three months to July, compared with 4.3 per cent the previous month. In the service sector earnings growth strengthened from 4.1 per cent in June, to 4.3 per cent in July.

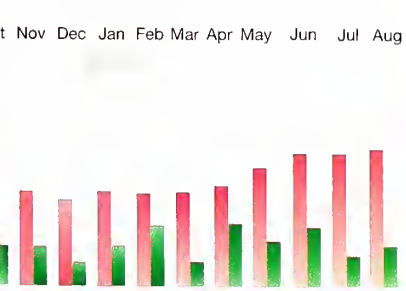
But unemployment is still on the increase, according to the official Labour Force Survey. It rose by 93,000 between May and July to 1.7 million, to the highest level since 2000.

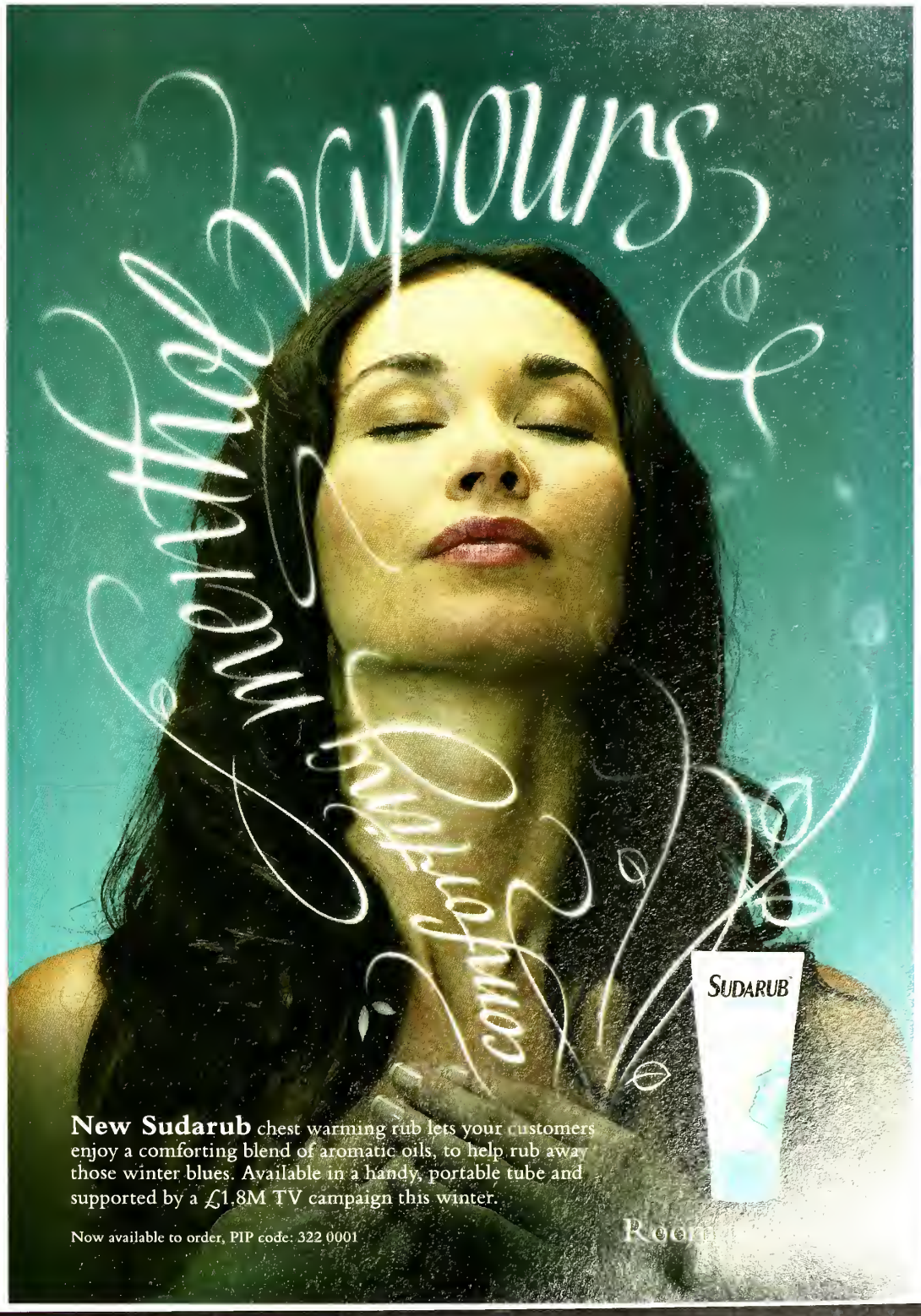
Value: Percentage change on year
Source: National Statistics



matic fall in consumer confidence in index fell 11 points, 17 per cent down ecasts economic growth of 2.7 per cent pected.

Value: Percentage change on year
Source: National Statistics





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C+D Clinical

Trouble afoot

How to advise on common problems that affect an over-worked, often neglected and occasionally abused part of the body

Alan Nathan

Even without any strenuous activity the average person walks about four miles each day and subjects his or her feet to a cumulative force equivalent to several hundred tons, possibly squeezed into ill-fitting and uncomfortable shoes.

In many cases minor foot problems are avoidable with sensible footwear and some simple basic care. However, older people and those with diabetes are more prone to problems that could become serious. They should visit a chiropodist regularly and be discouraged from self-treating.

Corns on the tops of the middle three toes of the foot an d a bunion on the outside of the large toe

Picture: BSIP, Jolyot/Science Photo Library

Corns and calluses

Causes

Corns and calluses are variously known as hyperkeratosis, clavus, heloma and tyloma, but all essentially describe the same condition: a local thickening of the epidermis as a result of intermittent pressure meeting with constant resistance over some bony prominence on the foot. The irritation caused by this rubbing increases the blood supply, bringing extra nutrition to the basal layers of the epidermis, resulting in increased proliferation of cells and thickened areas of hard, insoluble mass. Pressure on nerve endings in the dermis causes pain.

Hard corns form on the outer aspects of the toes as a result of rubbing against shoes, while soft corns usually occur between the toes and are softened by the presence of moisture (sweat).

Calluses are more diffuse areas of thickening on the sole or the side of the foot.

Contributory factors include:

- Ill-fitting footwear.
- Foot deformities.
- Occupational – workers who spend a lot of time on their feet or walking.
- Obesity.

Symptoms and appearance

Hard corns

- Soreness, which becomes a burning or throbbing pain on walking or standing.
- A thick, rounded, yellowish mass, which may be surrounded by an area of inflammation, with a round or crescent shaped nucleus varying in size from a pinhead to a lentil.
- Occurs on dorsal surfaces over joints, under the ends of toes, beside nails, between toes and under the nail at the ends of toes.

Soft corns

- Soreness and pain and the feeling of a foreign body between the toes.
- A white, soft rubbery mass between the toes.
- Tissue may be thin and peel off easily to expose bright pink tissue beneath with a nucleus conforming to the underlying bone.

Calluses

- Pain and burning sensation, and possibly a feeling of skin 'tightness'.
- A creamy yellow mass that feels hard, with no nucleus.

Treatment

Epidermabrasion is a physical process that removes horny skin using a mechanical action. Several gently abrasive materials and devices are available, including emery boards.

The College of Pharmacy Practice

This course (module 1382), in association with multiple choice questions being published in C+D November 4, provides one hour's continuing education

CPD

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files, pumice stones and synthetic pumice-like blocks. Careful technique is important for the safe and successful removal of corns and calluses, using the following procedure:

- To soften the skin, soak the foot in mild soapy water for a few minutes or apply a moisturising or softening cream.
- Rub soap on to the appliance and gently rub the corn or callus for five minutes.
- Repeat the process nightly for one week, then review. There is no need to remove the hard skin completely, just enough to relieve pain or irritation.

Hydrocolloid and hydrogels are complex polymer formulations used in wound management. They swell in the presence of moisture absorbed from the skin. In corn and callus plasters, the hydrocolloid or hydrogel forms a soft, protective gel-like cushion that rehydrates and softens the hardened tissue. The plaster is left in situ for about a week, and the corn or callused skin should come away when the plaster is removed.

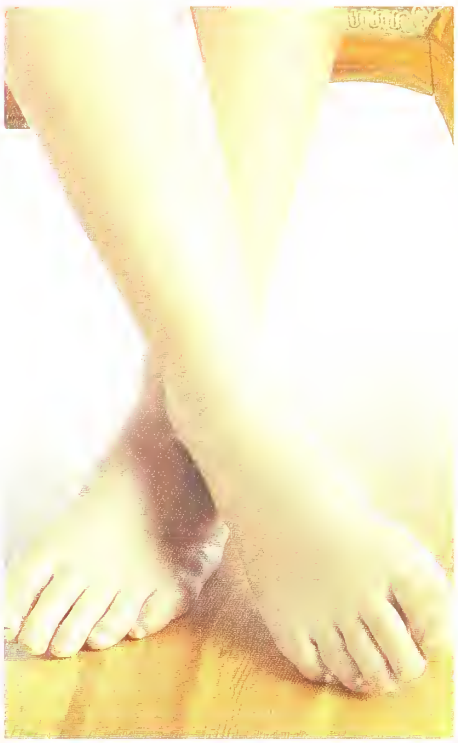
The function of **salicylic acid** in treating corns and calluses is to remove a thick layer of cornified skin cells, mainly through loosening the attachment of the hardened skin to the normal skin. It also acts by hydration of the hyperkeratinised skin. The concentration ranges from about 11 to 50 per cent.

- Corn and callus caps and plasters contain high concentrations (usually 40 per cent) in a semi-solid base spread on to a suitable backing material, contained within a ring that is either self-adhesive or attached to an adhesive plaster. They should be changed every one or two days for about a week, after which the callosity should lift away easily. If it cannot be removed after 10 to 14 days' treatment, professional help should be sought. An ointment containing 50 per cent salicylic acid is also available; it should be applied nightly for four nights.
- Paints and liquids contain 11 to 17 per cent salicylic acid, often in a collodion-based vehicle. Collodions contain pyroxylin, a nitrocellulose derivative, dissolved in a volatile solvent such as ether, acetone or alcohol. On application, the solvent evaporates, leaving on the skin an adherent, flexible, water-repellent film containing the medicament. This has the advantage of maintaining the salicylic acid at the site of application and also assists skin maceration by preventing moisture evaporation. Liquid preparations are usually applied daily for several days until the corn or callus can be removed easily.

As salicylic acid is caustic to normal skin, care should be taken to prevent preparations from spreading beyond affected areas. True sensitivity to salicylic acid is rare, but a few patients react to colophony present in collodions and plaster bases. People sensitive to aspirin should avoid preparations containing high concentrations of salicylic acid.

Bunions

A bunion is an enlargement of the first metatarsal phalangeal joint on the outside of the large toe. The deviation of the joint is known as hallux valgus. The cause is usually footwear that is too tight with inadequate arch support, and the regular wearing of high heels.



A bunion is initially painless, becoming painful as the toe displacement increases. There may be redness and some swelling. Motion of the joint may be restricted or painful. Hard corns, soft corns and calluses may develop on and between the large and second toe as a result of pressure from shoes.

In the early stages, use of cushioning products to reduce pressure and wearing of comfortable, well-fitting shoes may be sufficient to slow or halt progress of the condition, but cannot reverse it. Referral is always necessary for orthotic treatment or surgery in serious cases.

Ingrown toenail

The main cause is poor cutting of the nail. Creating sharp corners, trimming too closely to the skin, or leaving outer edges with a ragged finish can allow the nail to grow into the skin, setting up soreness and inflammation (paronychia), which may then become infected. In chronic cases the problem may result from ill-fitting shoes or from an inherited tendency for the toenails to curl round the toe.

Symptoms are pain with spreading soreness and redness, and possible bleeding. Pustules may develop if infection is present. Referral is always necessary.

Verrucas (plantar warts)

Verrucas and warts are caused by the human papilloma virus. The difference between the two conditions is verrucas occur on the plantar surface (sole) of the foot and are painful because of downward pressure on nerve endings in the skin, while warts are painless.

The infection is very contagious. Half of warts and verrucas clear spontaneously in one year and 67 per cent clear spontaneously in two years, but they are usually treated to get rid of them faster. Warts and verrucas are rare in children under three. The incidence is five to 10 per cent of children between four and six years, rising to 15 to 20 per cent of young people between 16 and 18, and falling significantly in adulthood.

Signs and symptoms

Verrucas occur on the sole of the feet, commonly where the ball of the foot is under pressure. They are often sore to touch and to stand or walk on. They appear as areas of flat, thickened skin with a harder edge around a softer centre and may be confused with plantar callus. On closer examination, or rubbing away the surface with a file or emery board, small black spots (telangiectasia, the ends of broken blood capillaries) can be seen. Occasionally, several verrucas appear together and coalesce to form a single large plaque known as a mosaic wart.

Treatment

Treatment is by gradual removal of the hyperkeratotic skin layers and the viral core by keratolytic agents.

In the treatment of warts and verrucas, **salicylic acid** reduces viral numbers by mechanical removal of infected tissue. It also stimulates production of protective antibodies in response to the mildly irritant effect of the acid. Some products containing salicylic acid, including ointments and collodion-based preparations, are the same as those marketed for corns and calluses. A Cochrane review concluded that these simple topical treatments have a therapeutic effect, increasing complete wart clearance, successful treatment or loss of one or more warts after six to 12 weeks when compared with placebo.[1] In a comparative trial, salicylic acid was found to have a high cure rate (84 per cent) for simple plantar warts.[2]

Lactic acid is included with salicylic acid in several verruca products. It is corrosive and is claimed to enhance the effects of salicylic acid. Care must be taken that preparations do not spread on to unaffected skin.

Podophyllum resin (podophyllin) is obtained from the dried rhizome of the May-apple (*Podophyllum peltatum*). It has a potent corrosive action, and for non-prescription use it is indicated only for plantar warts. It is cytotoxic, caustic and a powerful skin irritant; care must be taken to confine its application to the verruca. There have been reports of teratogenicity and it is contraindicated in pregnancy. In a comparative trial, a podophyllum treatment had a cure rate of 81 per cent.[2]

Formaldehyde and **glutaraldehyde** have antiviral activity and a direct anhidrotic effect, drying the verruca and surrounding skin. Formaldehyde (0.75 per cent) is available as an aqueous gel, and a 3 per cent solution can be used for daily foot soaks for mosaic warts, although care must be taken to protect

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unaffected skin. Glutaraldehyde has similar properties but appears to have no advantage over formaldehyde and may be a more potent skin sensitiser. It also stains skin brown, but this fades once treatment is discontinued.

Method of use

Verrucas are removed by gradually abrading the infected tissue, and the same basic method is used for all preparations containing the above constituents:

- Before application, gently rub away the top layer of skin with a file, emery board or pumice stone.
- Apply the preparation directly to the top of the verruca, taking care to confine it to that area.
- Cover the verruca with a plaster to encourage maceration and improve penetration of the medicament.
- Remove the plaster after 24 hours (except for formaldehyde 0.75 per cent gel which must be applied twice daily) and file away the dead tissue on top of the verruca.
- Repeat the process daily until all trace of the verruca has been removed; this may take up to three months and the verruca may regrow if all infected tissue has not been removed.

Continuing professional development CPD

Reflect

Can you list three main differences between hard and soft corns? Do you know the different modes of action of the ingredients in corn-removing plasters? Do you know how salicylic acid works in the treatment of verrucas?

Plan

If you read this article, it will refresh your understanding of the causes, symptoms and treatment of common foot problems in the pharmacy.

Act

- What implements do you stock to help patients remove hyperkeratinised skin on the foot? Do you think you have sufficient? Do you know how to use them? If you are not sure, find out.
- Also consider the range of products you display in your footcare section. Do you stock a sufficient range of treatments for the conditions discussed in the article?
- In your practice workbook record the next 25 cases of foot problems presented to you. Which is the most common? The article does not discuss blisters. Are these a frequent presentation? How do you treat them? Find out the treatment of choice and use it.
- The article states that ingrowing toenails are frequently the result of inappropriate nail cutting. How should you advise your patients to cut their toenails? If you don't know, find out: ask a local podiatrist.
- Do you recommend OTC cryotherapy for warts/verrucas? What advice should you offer with such sales? Find out more about its safety and efficacy.

Evaluate

Try to remember regular patients to whom you give advice (and/or sell an OTC remedy) about their foot problems. About a month later ask them the results of treatment. If possible, note and analyse their responses. Do you feel you have given effective advice? Is your foot care section appropriately stocked now?

Have you discussed your recommendations for treating foot problems with your medicine counter assistant(s). If not, why?

Silver nitrate is a caustic agent. It is used as a stick or pencil (95 per cent toughened with 5 per cent potassium nitrate) to destroy warts, verrucas and other skin growths. Unlike other verruca treatments, silver nitrate pencil is used only for a short period – three to six daily applications are claimed to be sufficient. In a clinical trial, silver nitrate stick completely or partially cured common warts in 69 per cent of subjects, compared with 25 per cent with placebo.[3]

Cryotherapy

Aerosols containing dimethyl ether and propane (DMEP) for freezing warts and verrucas are available over the counter. They are not licensed as medicines. They are used daily for up to 10 days. In a clinical trial, DMEP was found to be equivalent to liquid nitrogen, the cryogenic method normally used by GPs to remove benign cutaneous lesions.[4] Liquid nitrogen is about as effective as topical salicylic acid.[1]

- Athlete's foot and fungal nail infections were covered in C+D September 2, p21-23, and May 13, p21-23, respectively.

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Alan Nathan BPharm, BA, FRPharmS, is a pharmacy writer and consultant, and visiting lecturer at King's College London. Some of the information in this article is based on material in Alan Nathan's book, `Non-prescription Medicines' (3rd edition), published by the Pharmaceutical Press.

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 4 issue, which will cover this week's CPP-accredited module, together with the one in the October 21 issue.

These will cover:
Foot conditions (1382)
Oral lesions (1383)
A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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C+D GENUS PHARMACEUTICALS

Hope offered for opioid-induced constipation

The selective peripheral opioid-receptor antagonist, alvimopan, can relieve the symptoms of opioid-induced constipation (OIC) in patients with non-cancer pain, according to phase III study data, presented at the Fifth Congress of the European Federation of IASP Chapters (EFIC) in Istanbul, Turkey.

The 12-week study enrolled 518 patients with OIC symptoms, defined as having fewer than three-weekly spontaneous bowel movements (SBMs) plus one or more bowel movement symptoms (incomplete evacuation, straining, hard/small pellets) for at least 25 per cent of bowel movements. Patients received either alvimopan or placebo on a random basis.

During the study, 72 per cent of patients receiving alvimopan 0.5mg twice-daily achieved a weekly average of three or more SBMs, compared to only 48 per cent in the placebo group. The change from baseline in the number of SBMs was also increased (3.5 vs 2.0 in the placebo arm). Both results reached statistical significance. Importantly, there was no change in the dose of opioid required to achieve analgesia, indicating that alvimopan does not affect an opioid's central, pain-relieving effect.

Commenting, Dr Beverly Collett, consultant in pain management and anaesthesia, Leicester Royal Infirmary, said: "Although opioid-induced gastrointestinal side effects are common during opioid treatment for chronic pain, few pain treatment guidelines include advice on their management.

"As a result, laxatives tend to be widely used in clinical practice, despite the fact that they do not target the underlying cause of opioid-associated constipation. Further, if adequate symptom relief is not achieved, some pain management guidelines suggest lowering the opioid dose, which may lead to suboptimal pain relief."

In brief

Flaminal for wound therapy

An alginate gel for moist wound healing has been launched by Ark Therapeutics.

Flaminal contains an antimicrobial enzyme system that can be used on a wide range of wounds with the potential for an acquired infection. The gel is applied directly to the wound, minimising waste. It is effective against a wide range of bacteria including MRSA, funghi and yeasts, says the company.

Flaminal contains a high concentration of alginates and is for moderate to heavily exuding wounds. Flaminal Hydro contains a lower amount of alginate and is used for treating light to moderately exuding wounds. Both are available on FP10 as 5x15g tubes; each tube is £6.99. The self-sterilising tubes are suitable for multi-use on a single patient. Ark Therapeutics, tel: 0800 1077 107.

OptiClik diabetes pen launches

Sanofi-Aventis has launched OptiClik, a diabetes pen for use with Lantus (insulin glargine) and Apidra (insulin glulisine).

OptiClik is a reusable cartridge device and can dial up to 80 units of insulin at a time in single unit increments shown on a liquid crystal display. The dial is able to rotate forwards and backwards to correct mistakes.

The pen is available in grey or blue for patients who use two types of insulin.

OptiClik will initially not be available on prescription. Sanofi-Aventis wants to ensure patients are trained on the new pen before using it themselves. Following on from the launch, it will be available on FP10. Sanofi-Aventis Medical Information, tel: 01483 505515.

A Practical Approach...

Mrs Mackay is collecting her repeat prescription from Update Pharmacy, and hands Hannah, the senior counter assistant, a GSL pack of ibuprofen 200mg tablets, asking if there's a larger size available.

"What are you taking them for?" asks Hannah.

"For my arthritis. The paracetamol I get on prescription hasn't been working and my friend suggested these. My knees are much better since I started them."

"I think you had better have a word with Mr Spencer," says Hannah, calling the pharmacist.

"Hello Mrs Mackay," says David Spencer. "How long have you been taking ibuprofen?"

"About a fortnight now. I've been taking three a day and they're really doing the trick. I've been getting small packs from the supermarket, but wondered if I could buy a larger one here."

David looks at Mrs Mackay's prescription, which reads: "Lithium carbonate 400mg tablets i bd; paracetamol 500mg tablets ii tds."

"You've been taking lithium for several years now, haven't you?" he asks.

"That's right, and I go for the blood tests regularly. Oh, that reminds me – I went to stay with my daughter last month and got my prescription from her local pharmacy. The label on the box said they were lithium carbonate 400mg but the tablets looked different from the ones I get here. Does it matter?"

Questions

1. Should David sell ibuprofen tablets to Mrs Mackay? If not, why?
2. What could David do to improve Mrs Mackay's pain relief?
3. How should David respond to Mrs Mackay's question about the lithium tablets?

CPD This article can help in the following CPD competencies: G1a, G1c, G1e, G1f, C1c, C1f. See www.tinyurl.com/194zu

A Practical Approach... last week's answers

1. Minor aphthous ulcers occur in single or small groups on the sides of the cheeks, tongue and inside of lips, are round and regular in shape and up to 5mm in diameter, are painful but heal spontaneously in fewer than seven days, and often recurrent.
2. The following should be referred: ulcers more than 1cm in diameter; crops of more than five ulcers; duration more than 14 days, painless ulcers; fever or other signs of systemic illness; mouth ulcers in children under 10 years.
3. Mouth ulcers can be a presenting symptom of inflammatory bowel disease such as Crohn's disease or ulcerative colitis, and gluten-sensitive enteropathies such as coeliac disease.
4. The patient doesn't need referring as she appears to have minor aphthous ulcers. There are two anti-inflammatory corticosteroid preparations that the patient might find effective: triamcinolone in carmellose paste and hydrocortisone pellets, and a non-steroidal anti-inflammatory – benzydamine – presented as an oral rinse or spray. There is no prophylactic treatment.

Changing the way we supply our medicines

The need for change

We are changing the Pfizer UK supply and distribution arrangements to allow us to take full responsibility for our medicines from the point at which they leave our manufacturing centres until they are sold to our customers who dispense them.

As the major supplier of medicines to the NHS, we are very aware of, and increasingly concerned about, the complexity of the supply chain and the implications for our medicines. We are confident that as a result of our changes Pfizer will:

- be better able to manage supply and be more responsive to stock-shortage situations so that pharmacists and patients are better able to obtain Pfizer medicines
- reduce the risk of counterfeit medicines by securing the distribution of the supply chain so that pharmacists and patients can be confident they will receive genuine Pfizer medicines from Pfizer
- have improved visibility over the supply chain, and be better able to trace and recall Pfizer medicines with complete confidence if and when required

Under the new system, pharmacists will be able to buy Pfizer prescription medicines directly from Pfizer with complete confidence.

Working with pharmacists

Pfizer believes that pharmacists are increasingly important customers. The new distribution arrangements will enable us to get closer to pharmacists and over time develop a beneficial partnership.

We will continue to maintain our substantial financial investment in distribution and continue to offer cash discounts because this is what pharmacists have told us they want.

Over time, our intention is to develop a wider range of other service-based offerings for pharmacists, based on analysis of customer needs and the new pharmacy contract.

How will it work?

- Pfizer prescription medicines will be distributed by UniChem Limited
- Pfizer and UniChem will jointly ensure full coverage for all new and existing UK customers, and ensure current service patterns are maintained

Next steps

We anticipate that the new arrangements will go live in the first quarter of 2007. Over the next few months, we will ensure we communicate with pharmacists to help them understand the changes. This communication will be driven by the Pfizer pharmacy team and through the pharmacy media.

If you already have an account with UniChem, there will be minimal changes. If not, Pfizer and UniChem will be contacting you shortly to explain the changes further and support you through the sign-up process.

We understand that you will have questions and possible concerns over this change. To find out more, please log on to www.pfizerdtp.co.uk or call our dedicated pharmacy customer service team on **0845 608 8866** who can put you in touch with your local pharmacy representative. No further information is available on the discount scheme at this point.

DTP008b, August 2006.
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TORCH fails primary endpoint but highlights unforeseen pneumonia risk

Olwyn Glynn Owen reports from the European Respiratory Society meeting held in Munich last month

Seretide (salmeterol/fluticasone) in COPD reduced relative risk of dying compared to placebo by 17.5 per cent and absolute risk by 2.6 per cent in the three-year TORCH study. This involved 6,112 patients with moderate to severe COPD, of whom 927 died. Neither fluticasone nor salmeterol alone reduced mortality compared to placebo.

The TORCH study prospectively compared effects on mortality of the combined inhaled corticosteroid/long-acting beta 2 agonist (ICS/LABA) salmeterol/fluticasone versus placebo and versus the two drug components given singly.

The Seretide vs placebo result with a p value of 0.052 just missed achieving significance. "High numbers of placebo-arm patients dropped out and took other study drugs but were counted in the ITT analysis, biasing the outcome," said principal investigator Professor Peter Calverley of University Hospital Aintree, Liverpool. Placebo patients remaining tended to be healthier.

Investigators claim TORCH is nevertheless "a landmark" that will change practice, revealing a wealth of new information on COPD, including a hitherto unforeseen increased risk of pneumonia associated with use of fluticasone alone or in combination (18 to 20 per cent compared with 12 to 13 per cent for salmeterol or placebo). Risk has not been observed in previous studies. Pneumonia was a real effect, said investigators. More patients died taking fluticasone than placebo (16 per cent vs 15.2 per cent) and most pulmonary deaths occurred in the fluticasone-only arm. "However, pneumonia didn't increase exacerbations, hospital admissions or mortality."

The NNT to save one life with Seretide was 39. Compared to placebo, Seretide patients had 25 per cent fewer exacerbations, 40 per cent fewer hospital admissions, a post-bronchodilator FEV1 of 92mls and a 3.1 point improvement in health status.

With regard to changing practice, investigators suggest prescribers may move away from using fluticasone alone. Professor Calverley said: "I'm speaking off-message here but I'm no longer happy to see patients on an ICS alone with a short-acting bronchodilator."

Symbicort came out favourably as a bronchodilator in COPD in the OSSCAR study. Picture: AstraZeneca

INSPIRE highlights poor asthma control despite recommended treatment

New data from INSPIRE, a study involving 3,415 adult asthma patients all receiving maintenance therapy with ICS, in most cases combined with LABAs, reveals more than half were poorly controlled according to assessment using ACQ-6, the Asthma Control Questionnaire. Almost three quarters were using short-acting rescue bronchodilators every day.

The majority could identify correctly when control started deteriorating, with most experiencing symptoms 5.1 days before an exacerbation. Most then missed the window of opportunity for intervention with anti-inflammatory therapy, increasing only short-acting bronchodilator use up to four-fold. ICS were increased to a much lesser extent, usually after worsening had peaked. In between exacerbations when symptoms decreased patients themselves reduced use of all medications.

More than 80 per cent said they would be confident, given guidance, about adjusting ICS themselves earlier to prevent asthma worsening.

Symbicort as fast as salbutamol in COPD

Symbicort (budesonide/formoterol) acts as fast as salbutamol alone as a bronchodilator in COPD and has a faster onset of action than both placebo and Seretide (salmeterol/fluticasone), according to the OSSCAR study.

The double-blind, double-dummy crossover study led by Dr Ann Lindberg of Sunderby Hospital, Lulea, Sweden, included 88 moderate to severe COPD patients with a reversible component to their airway obstruction. Patients were randomised to two inhalations of either Symbicort (160/4.5mcg), Seretide (25/250mcg), salbutamol (100mcg) or placebo, all via pressurised metered dose inhaler.

Results showed FEV1 was significantly greater five minutes after administering salbutamol or Symbicort, than after Seretide. Inspiratory capacity, a predictor of exercise tolerance, was also improved significantly more by Symbicort than Seretide. Both ICS/LABA combinations were significantly more effective than salbutamol at maintaining FEV1 improvements beyond two hours.

Martyn Partridge, Professor of Respiratory Medicine at Imperial College, London, commented: "Speed of onset is as important in COPD as it is in asthma, especially in the morning when patients often require a rapid bronchodilatory effect." Giving COPD patients an ICS/LABA drug with a fast onset of action is likely to improve compliance with combined therapy, he suggested.

VICKS

NEW

Protective Hand Foam

What is NEW VICKS FIRST DEFENCE Protective Hand Foam?

It is a light foam that is quickly absorbed onto the hand to provide long-lasting protection against cold and other germs.

How does it work?

- The low pH foam works immediately and is clinically proven to physically inactivate cold and other germs already on the hands
- The foam's polymer barrier forms an invisible shield that continues to protect the hands from new germs for up to 3 hours

What does our research show?

- Hands treated with Vicks First Defence Protective Hand Foam had 99% fewer cold germs after immediate use than untreated hands
- Hands treated with Vicks First Defence Protective Hand Foam had 85% fewer cold germs after 3 hours than untreated hands

Who should you recommend VICKS FIRST DEFENCE Protective Hand Foam to?

Anyone can benefit from improved hand hygiene but there are groups that can be at greater risk from the transfer of germs via the hand, e.g.:

- Families with children[2]
- Teachers
- Travellers and holidaymakers
- Commuters & Public transport workers
- Those buying cold remedy products for infected friends or family

FOR UP TO 3hrs

For further information please contact Freephone: 0800 169 3140 (UK) 1800 509 529 (Ireland) or visit www.in-your-hands.co.uk

Stock up now! TV starts November 2006.

Rolled out for aches and pains

PainEaze, described as a fast-acting 100 per cent natural pain reliever, is now available in a roll-on format. It contains the same formulation as the existing spray but allows for more direct and discreet application, says manufacturer PRD.

Useful for treating aches and pains including arthritic and rheumatic pain, bruising and sports injuries, PainEaze contains frankincense and peppermint as anti-inflammatories, cooling menthol, restorative MSM and eucalyptus to increase blood flow to the painful area.

Price: £9.95/100ml, 324-1742

Product info:
Blue Ocean
Tel: 01329 228240

Hands up for First Defence

Protective Hand Foam has been added to the Vicks First Defence offering from Procter & Gamble. It is said to inactivate 99 per cent of cold and other germs on the hands and provide ongoing protection for up to three hours.

A hand, once sneezed on, carries thousands of cold germs which can be spread by touch. These can remain viable on objects such as door handles for up to 72 hours with the potential to spread infection.

The foam is light and quickly absorbed, says P&G. It has a low pH and creates a polymer barrier on the skin for up to three hours.

It should be reapplied after hand washing or every three hours and can be used to clean the hands when water is not available. It is safe for adults and children over two years of age.

A £3.7 million integrated campaign supports the launch, spanning TV, print and PR activity.

Prices, pack sizes and Pip codes:
£3.99/50ml, 322-2148
£6.99/150ml, 322-2171

Product info:
Procter and Gamble
Tel: 0800 597 4040

Fast thinking Zovirax promotion

Zovirax cold sore cream hits the television screens this week in a £1 million campaign that will run until January, coinciding with the key selling period for the product.

The 'Think fast think Zovirax' creative features a woman discussing how cold sores make her look and feel. She uses a photo in a 'now you see it, now you don't' demonstration of her cold sore disappearing fast, says GSK. A spinning clock then emphasises the product's speed of action.

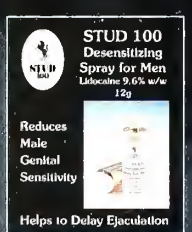
To reinforce the message, national press advertising is scheduled to run in titles including the Sunday Times Style, You, OK, Marie Claire and Top Santé.

Online advertising brings the total marketing spend to nearly £1.9m, reports GSK.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Do you know how many men visit your pharmacy?

It really doesn't matter – just be sure they ALL see the free leaflet display for STUD 100® Desensitizing Spray for Men. Medical surveys confirm that 30% of ALL men experience over-rapid ejaculation at one time or another. So don't miss out on this huge market!



STUD 100® costs £2.75 per can and retails for about £5.50 per can - Leaflets and leaflet dispensers are supplied FREE OF CHARGE.

A major consumer advertising campaign starts soon and all stockists' addresses are listed on our website.

What's more, Pharmacies that sell STUD 100® online are given special mention and a direct link to their web site!

FOR MORE DETAILS VISIT www.stud100.co.uk/chemist
OR CONTACT Pound International Ltd
109 Baker Street, London W1U 6RP
Tel: 020 7935 3735 Fax: 020 7224 3734
E-Mail: pound@dial.pipex.com

ALWAYS READ THE LEAFLET/LABEL

E45 softens babies' bottoms

The E45 dry skincare range has been extended to include a nappy cream. According to Reckitt Benckiser, its anti-enzyme formula is clinically proven to allow skin to breathe while protecting against nappy rash.

The cream neutralises irritants and contains panthenol to soothe irritated skin and encourage renewal, the company adds.

All ingredients are hypoallergenic and the product is perfume free. It can be used daily as a preventative measure against nappy rash, says Reckitt Benckiser.

Price: £4.99/125g
Pip code: 320-2660

Product info:
Reckitt Benckiser
Tel: 01793 732000
www.E45.com

the pharmacy show 2006

15 & 16 October 2006
NEC Birmingham

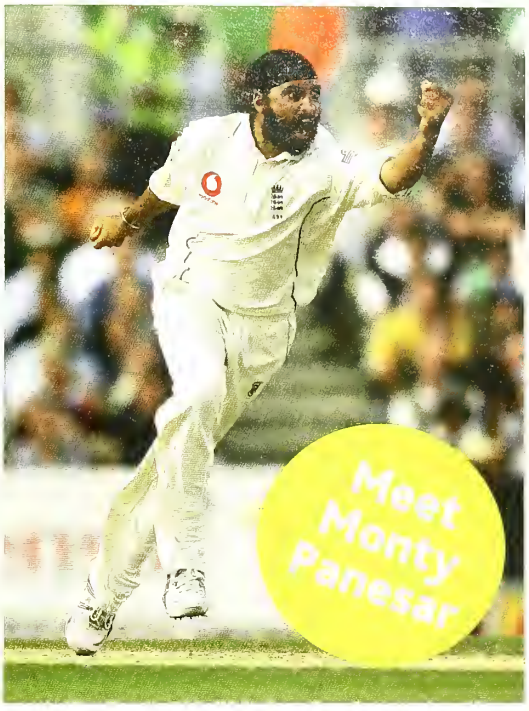
C+D In association with C+D, leading media partners

Over 2,000 Pharmacists have pre-registered for the UK's premier pharmacy event

The Pharmacy Show UPDATE

- It's **FREE to attend**
- **FREE seminars from industry leaders, which have all been accredited for CPD by the College of Pharmacy Practice**
- **Over 150 key industry suppliers offering a selection of great wholesale deals**
- **Official Launch of the Independent Pharmacy Federation (IPF), hear what they can offer UK Pharmacists**
- **Great day out for the family; Crèche, health and beauty treatments, pro-golf tuition area with a chance to meet and take on cricket legend Monty Panesar**
- **Pre-register now**

It's not too late to pre-register and receive a FREE thermal mug as well as a chance to win a relaxation day for two for your Medicine Counter Assistants.



See **www.thepharmacyshow.co.uk** for full details

Four ways to pre-register

1. Visit *www.thepharmacyshow.co.uk* and register in the 'Tickets & Information' section.
2. Complete the attached form and return to the address below.
3. Phone The Pharmacy Show Team on +44 (0) 870 333 1277.
4. Fax the form back to +44 (0) 870 333 1288.

Please complete one form per person

THE PHARMACY SHOW 2006 *PRE-REGISTRATION FORM*

Please complete and send this form to:
The Pharmacy Show,
Pioneer Shows Ltd,
Holly Farm Business Park,
Honiley, Kenilworth, CV8 1NP

Title **First Name** **Surname**

Job title/position

Company

Work Address

Work Telephone **Mobile**

Email

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Omega-3: the next big thing

Seven Seas' Tom Hardman spoke to C+D about making the most of the growing interest in omega-3 fatty acids

Omega-3 seems hard to avoid. New functional foods containing this apparent wonder ingredient are appearing on the supermarket shelves almost every week, while national newspapers love stories of omega-3 boosting children's intelligence and improving their exam grades. But what seems to have been forgotten is that omega-3 is found in good old cod liver oil, firmly established on the VMS shelves of pharmacies nationwide.

Mothers buying supplements for their children or 'family therapists' are fuelling the omega-3 market most strongly. Such consumers account for about a third of the market. Baby boomers too with their growing health needs, are driving the market while those with heart health concerns are adding to the sales opportunity in pharmacy, believes Tom Hardman, marketing director of Seven Seas.

The VMS market is worth more than £328 million (source: IRI) and the current 'big opportunity' lies with omega-3 products, says Mr Hardman. Pharmacy is growing at about 8 per cent compared with 10 per cent for the market overall, he adds. Advice from pharmacy staff is valued by consumers when it comes to VMS purchases and this helps pharmacy maintain its share.

The company is proud of its position as the number one branded VMS manufacturer and has seen its share grow ahead of the market at 3.4 per cent per annum. The omega-3 sector has enjoyed 10 per cent growth year-on-year and now accounts for £99m of the VMS market. Last year saw half a million new users of omega-3s. "There aren't many markets in OTC healthcare of that size and that growth rate. It's one of, if not the, biggest and fastest growing markets in the last 12 months," says Mr Hardman.

Growth is set to continue, driven by greater consumer awareness. Food manufacturers see the financial benefits of adding value to their products by incorporating omega-3s in everyday products such as eggs, milk, bread and margarines. An estimated £14m will be invested in this area this year.

The global endorsement of omega-3s, particularly for heart health, was reinforced last year when the FDA in America approved the claim for fish oils to protect against heart disease as an official functional food claim. Omega-3 fortified foods represent the fastest growing grocery sector.

Eating oily fish or taking supplements are the only reliable ways of meeting the recommended daily intake of omega-3

But, according to Mr Hardman, daily supplements or regular meals of oily fish are the only reliable routes to a sufficient intake. For example, it would take about 14 slices of fortified bread or seven omega-3 eggs to reach the recommended levels; just one capsule of cod liver oil can deliver the full amount, he says. "Supplements provide a standardisation of omega-3 – you know what you're getting. It's convenient, it's easy to take and it's the most reliable way to ensure you're getting the right stuff at a very decent concentration," he says.

Despite consumers' growing interest in their nutritional wellbeing, there appears to be a gap in knowledge when it comes to the omega-3 content of cod liver oil. Many people simply do not realise that CLO contains omega-3 and that it is nature's richest source.

> Omega-3 products represent the current 'big opportunity' for pharmacy

To correct this misconception, Seven Seas is repositioning its range, putting greater emphasis on omega-3 on redesigned packaging. Backing this up will be the £5m 'Big Fish' TV advertising campaign. An old-favourite brand icon 'King Cod', which previously toured the country on the back of a lorry, has been revived and the company hopes consumers will be won over as computer graphics bring the fish to life.

In the past the omega-3 content of CLO has been downplayed but now consumers are actively seeking it out, the time is right to tell them it's there. "Cod liver oil is nature's richest source of omega-3, that's the claim in our advertising," says Mr Hardman.

There is a considerable educational role for pharmacists, says Mr Hardman. "The great news is that because of this marketing of omega-3 products there is now an explosion of awareness that omega-3 is good for you and you should be getting it from your diet. But what people don't seem to know is how much they need. We think there is a much bigger market than we are currently enjoying. The £100m market could double in the next year simply by exploiting the marketing investment made by the food industry," he says.

Pharmacists should rebuild the VMS sector to develop an omega-3 area to help consumers make sense of the products on offer, adds Mr Hardman. Seven Seas offers help in the shape of training, point of sale materials and merchandising advice. The company has also joined forces with the International Cod Liver Omega-3 Foundation, a group of experts involved in omega-3 research, in a publicity initiative to educate consumers.

The recommended daily intake of omega-3 for an adult is 450mg and 200mg for a child. "You can really only get that satisfactorily from supplementation or, to be fair, eating oily fish," says Mr Hardman who sees supplementation as the most reliable route.

Seven Seas considers itself an innovative company and aims to launch five new products each year. More product launches are planned for the new year, backed up by clinical science and advertising.

If you don't have a lot of space to devote to VMS, Mr Hardman recommends meeting omega-3 demands as a starting point. Then add the market-leading multivitamin, Multibionta, and as many other segments as space permits from vitamin C, evening primrose oil, garlic, glucosamine, minerals like zinc and herbals such as ginkgo. This gives a good representation of the market, believes Mr Hardman, taking into account local demands.

The VMS sector is highly-segmented and can be confusing. Retailers could simplify it for their customers if they were more disciplined about the products offered. The uninformed consumer often finds it difficult to make a purchase.

All Seven Seas CLO products come from the North Atlantic from sustainable fish stocks outside the EU, principally Norway, an important consideration for today's ethical, environmentally-aware shopper.

"It's important our CLO comes from sustainable sources," concludes Mr Hardman.

Compeed's vanishing act

Compeed is offering a new way to treat cold sores in the shape of the Compeed Cold Sore Patch. The product heals, conceals and reduces the risk of cold sore contamination, says the company.

Each patch lasts at least eight hours and make-up can be applied over patches. They are supplied in a pocket sized box, which includes a mini mirror.

For pharmacists, the Compeed Cold Sore Academy is available online for training. Visitors to the site can enter a competition to win RoC products and gain a personalised training certificate.

Multimedia promotionals totalling more than £1 million will support the launch.

Price: £6.99/15
Pip code: 322-4789

Product info:
Dendron
Tel: 01923 229251
www.compeed.co.uk

Calprofen correction

The correct prices for Calprofen ibuprofen suspension are, for the new 200ml P variant, £5.69, and for the GSL 100ml bottle, £3.49; and packs of eight and 16, £2.79 and £4.99 respectively, and not as published in the babycare supplement, (C+D, September 30, p11). The error was due to incorrect information being supplied.

Products in brief

Bigger, faster steriliser

A new steam steriliser is now available from Avent. The Express II Microwave Steam Steriliser can hold six baby feeding bottles and offers a sterilisation cycle of two minutes, says the company. If the lid is left unopened, the contents remain sterile for 24 hours. The product is dishwasher safe, adds Avent
Price and Pip code: £24.99, 322-9374
Avent
Tel: 01787 267000.

Wrong number

Due to incorrect information being provided, a wrong telephone number was printed for Sony (C+D, September 23, p32). The correct number is 0870 6060 456.

Products advertised on TV next week

Sponsored by Calpol

Bassets Soft & Chewy Omega-3: GMTV, Sat
Canesten Duo: All areas
Clearblue Digital Pregnancy test: All areas
Cura-Heat Arthritis Pain Knee: C4, five
Cura-Heat Back & Shoulder Pain: C4, five
Cura-Heat Arthritis Pain Wrist: C4, five
Rennie: All except ITV total
TENA Lady Mini Magic & TENA pants: All areas
Seven Seas Cod Liver Oil: All areas
PharmaSite for next week: Anadin Ultra – Windows, **Anadin Ultra –** In-store, **Allergan –** Dispensary
Pharmacy channel: Anadin Ultra Double Strength, Eucerin, Dulcolax, Canesten-Hydrocortisone, DTECTA Probiotics

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Introducing the [illegible] addition to our [illegible] Joints range

NEW

The NEW formula to help maintain supple & flexible joints

New ARheumaCare+ is a unique dual action tablet and Capsule formulation, providing a combination of ingredients specifically formulated to help keep your joints healthy and flexible.

Each ARheumaCare+ Capsule contains a combination of Cod Liver Oil, Gamma Linolenic Acid (GLA) plus Omega 3 Fish Oil, which provide your body with a vital combination of fatty acids to help maintain joint suppleness and flexibility.

In addition, each ARheumaCare+ Tablet contains a special blend of Glucosamine, which occurs naturally in the body where it plays a role in the smooth working of the joints,together with Turmeric and Ginger for antioxidant and warming action respectively.

www.health-perception.co.[illegible]

ARheumaCare is available to order directly, [illegible] Wholesaler, so stock up now! For more information call [illegible]

Fit for purpose

With more emphasis on improving the customer experience, community pharmacies need to appeal aesthetically as well as functionally

Sarah Thackray

"If there is a single trend that sums up the direction of community pharmacy interior design in 2006 and beyond it is the creation of a distinct, professional image that connects the pharmacist with patients." That's the view of John Hilditch, managing director of pharmacy design specialist Dollar Rae.

"From your medical counter and consultation room to the services panel in the window and the appearance and demeanour of your staff, every aspect of the shop must come together to give the customers the kind of experience and interaction they trust, appreciate and will remember," he says.

To operate a community pharmacy today, Mr Hilditch believes pharmacies need first to make their customers feel welcome and relaxed, encouraging them to become aware of the expanded range of patient-focused services being offered for their benefit.

"The shop has to have a strong visual presence and professional identity. It has to be appealing, patient-friendly and have easy access. Clear signage will make it easier for the customers to find their way around. Introducing imagery and graphics can inject a mood of calm and relaxation.

"In the consultation and treatment rooms, you need to consider the comfort of the patient and alleviate any feeling of enclosure that he/she might feel. An unintimidating, inviting environment with comfortable chairs, a calming, relaxing dècor and climate control can all help turn a private, confidential consultation or an alternative therapy treatment into an enjoyable part of the overall experience," advises Mr Hilditch.

Dispensary design

The dispensary with the medical counter/script reception point in front has become a more focal point of the latest pharmacy interiors. An open design for the dispensary can help to make it highly functional and productive. It also gives both the dispensary and the pharmacy a larger feel. Drug drawer systems that can dramatically increase storage space in the dispensary are gaining in popularity, as are automated and robotic dispensing systems.

The new service guidelines in pharmacy have placed more emphasis on the expertise of the pharmacist and this has led to significant changes in the way pharmacists are laying out their stores, according to Caroline Parrett, pharmacy services manager at UniChem.

"The enhanced role of the pharmacist has also resulted in a requirement for more worktop space and stock areas, with many pharmacists looking to redesign the dispensary area to aid a closer relationship with the customer.

"Another major change is the demand for space that has been created by the new requirements for all pharmacies to have a consultation room, seating area and information points. These requirements take up vital floor space and at the same time pharmacists are striving not to concede any of their retail space," she says.

Ms Parrett points out that a key way to maximise retail space is to improve merchandising. "Pharmacies today are typically stocking fewer lines and giving less space to each line, but they are restocking their shelves on a daily basis. This means that pharmacists need to be more savvy in the areas of stock control and ordering.

"There also needs to be more emphasis on key areas of the store, such as the entrance to the shop, in front of the dispensary and the information points. These are the most noticeable areas for customers and therefore are key areas for investing in better quality shopfittings and materials," she says.

Consultation area

How many pharmacies are using the introduction of a consultation room as a chance to revamp their premises? "The majority of pharmacies begin by saying that they want a consultation area but by the end of the discussion many decide to have a complete refit," says Christine Morris, AAH Pharmaceuticals' pharmacy marketing manager. She finds that around 75 per cent of pharmacies choose a consultation area and 25 per cent a complete refit.

"There will always be a need for some reorganisation within the pharmacy to make space. Typically, this involves the counter area in order to provide access from the consultation area to the dispensary, and perhaps gondolas as well. Many pharmacists decide that as there will be some disruption anyway, they may as well make any other changes at the same time. This also helps to give a total fresh look throughout the pharmacy, and ensures that the consultation area fits into their overall look and layout," she says.

Ideally a consultation area must be big enough for two people to sit down, have a table, a shelf, an electric supply and IT connection, sound reduction, clear signage, leaflet holder, space for a sharps bin and a sink and direct access to the dispensary.

Ms Morris points out that consultation areas can be made 'future-proof' by including facilities such as a sink and access to the dispensary which may become requirements at a later stage as pharmacists start to carry out invasive health checks such as cholesterol testing.

She advises that options such as frosted glass offer light and privacy without making patients ▶

> The creation of a distinct, professional image connects the pharmacist with patients

The front-illuminated curved counter has been partitioned into three sections and patients can take supervised methadone at one end without being obvious

Dollar Rae

Teeside pharmacy looks to the futu

All set to provide the type of community pharmacy services expected to be required in 10 years time, Marton Pharmacy has been designed by Dollar Rae to provide enhanced tiers of service under the new pharmacy contract.

Located on a new retail development site in the Middlesbrough suburb of Marton, the pharmacy moved from premises in a nearby shopping arcade.

Its expansion has enabled the pharmacy to shift its focus on its healthcare role by combining conventional medication with a range of alternative therapies. It now offers treatments such as stress relief, reflexology, hypnotherapy, chiropody, sports massage and Thai yoga massage.

Four consultation and treatment rooms can be used simultaneously and have their own separate access and reception area at the back of the premises. These rooms are equipped with climate control and varied lighting to suit the mood of the consultation. For example, the temperature during sports massage needs to be cooler than during a hypnotherapy session and softer lighting can be used for reflexology than for chiropody.

The consultation rooms are each designed with a computer linked to the main dispensary computers, giving access to patient records, storage for clinical waste, point-of-care testing equipment and hot and cold water.

The pharmacy features a spacious, elevated dispensary which is large enough

to accommodate a second pharmacist and an extra dispensing technician. In front of the dispensary is a front-illuminated, curved medical counter with two computerised till points. The counter has been partitioned into three sections using vertical glass fins. Patients can take supervised methadone at an advice point at one end of the counter without being obvious to other customers in the shop.

In the atrium-style entrance lobby, with recessed neon lighting changing every few seconds, the seating area is part of a unit containing a free-to-use touch-screen health information centre. A large plasma screen in full view of the seating area gives health information and details about the services available at the pharmacy.

Other features include automatic sliding doors, eye-catching vinyl window graphics, an extra till point in the middle of the sales area and disabled toilet and baby changing accommodation.

Pharmacy owner Michael Maguire reports that the new look pharmacy is proving to be a winner with the local community. Shop sales have increased by 25 per cent, prescription turnover by 20 per cent and some services such as chiropody have been fully booked.

"As soon as you walk in the door, the whole place looks professional, clinical and medical," says Mr Maguire. "The big buzzwords in the NHS at the moment are access and choice. I would like to think that we provide both of those."

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feel vulnerable in a unit completely sealed off from the pharmacy.

By choosing bi-fold doors instead of conventional doors, pharmacies can save retail space. "The doors can connect the area with both shop floor and dispensary, enabling the pharmacist to consult while accessing medicines like methadone, or allowing customers to see the shop floor and dispensary during the consultation," says Ms Morris.

Breaking down barriers

Bringing the pharmacist out from the dispensary into a more customer-facing role and promoting greater interaction between customers and staff is one of the objectives of optimum design, according to Andrew Sollitt, Numark's marketing director.

"We want to break down any literal or perceived barriers between the pharmacist and customer so a dispensary that is more open makes it easier for the pharmacist to give advice to patients, and smaller counters can also make the pharmacist appear more approachable.

"The logical positioning of the consultation room in relation to where the pharmacist works is a major consideration. Where smaller pharmacies have lost space due to the inclusion of a consultation room, continental draws have solved the problem of lack of space. These drawer systems have colossal storage capacity and wherever we've installed them, they have been a success," he explains.

"Functionality is everything and you can have a wonderful looking pharmacy with all kinds of bells and whistles but if it fails to take account of how you and your staff work, it can be a poor investment," says Mr Sollitt.

Professional ambience

With many more pharmacists becoming aware of the need to pay greater attention to the ambience of the pharmacy, climate control and lighting are both now seen as important design elements.

"Climate control has superseded air conditioning as it is now within the same price range," says Mr Sollitt. "The initial outlay for the product is greater than the conventional method of heating a pharmacy, but the running costs are less. There are also government tax incentives on climate control systems fitted with inverters (gears) helping to meet their ecological targets.

"The introduction of LED lighting gives more design flexibility as these produce less heat than normal lighting, reducing running costs. This lighting can also be used to great effect in counter design," he advises.

An outcome of many refits being done under the new pharmacy contract is that there is not only an increase in the quality and professional ambience of the pharmacy but also in dispensary efficiency and productivity, staff productivity, staff working conditions and their morale.

We want to break down any literal or perceived barriers between pharmacist and customer

Kevin Tanner Photography

Key design elements

- Well thought out design, optimising available or potential space.
- Space zones to create defined services and product categories.
- Efficient, productive dispensary.
- Strong visual presence, internally and externally.
- Well-appointed, patient-friendly consultation/treatment rooms.
- Well-presented focus on public health information, for example literature, plasma screens.
- Specialist and customised lighting scheme.
- Stylish and durable pharmacy furniture.
- Clear signage and mood-enhancing dècor, graphics and imagery.
- Climate control systems to create a healthy environment for staff and customers.

Shopfitting directory

A 2006-07 edition of a shopfittings and display directory has been published by the Shop and Display Equipment Association (SDEA).

The directory gives access to around 200 suppliers of retail display and thousands of diverse products and services.

Copies of the new edition are now available free to the first 50 C+D readers to contact the SDEA, tel: 01883 348911, or email enquiries@sdea.co.uk

www.shopdisplay.org

Room for improvement means service growth

Amarjit Sidhu identified an opportunity to take his West Bromwich pharmacy to 'the next few levels'

When the property next door to his West Bromwich pharmacy came up for sale, Amarjit Sidhu seized the opportunity to build on his range of professional services by expanding into the ex-local authority housing office. "I hadn't been able to develop any further before because of lack of space," he explains.

MIP Design converted the building to create three air-conditioned consultation suites, a staff room, disabled toilet/shower room, large curved reception and patient waiting area.

Sidhu Pharmacy's consultation suites have been 'themed' using digitally printed contact vinyl floor tiles to give a different identity to each area. A shallow ramped entrance leading to a fully automated glazed aluminium framed frontage provides disabled access.

Design features include curved, double-glazed partition walls with integrated blinds for privacy. A subtle pastel colour scheme of cream, ▶

Consultation suites have been 'themed' using digitally printed contact vinyl floor tiles to give a different identity to each area

Design has become more important for pharmacies as we need to be far more accessible than ever before

beige and pink shades is complemented by walnut desk tops and a walnut veneer on the internal doors.

The first floor has also been totally refurbished to include a kitchen area, toilets, office space and an impressive presentation room with seating for 20 delegates and a wall mounted plasma screen.

Within days of the project being completed, Mr Sidhu already had positive reactions from other healthcare professionals – including a doctor, dentist and hypnotherapist – interested in using the facilities. They will either be able to rent the rooms hourly or on a more permanent basis.

Mr Sidhu already runs a minor ailments scheme and offers cholesterol, blood pressure and diabetes testing free of charge. He is now planning to develop the pharmacy's services into weight management, smoking cessation and anti-coagulant clinics.

"Design has become more important for pharmacies as we need to be far more accessible than ever before," says Mr Sidhu. "It cost £200,000 to buy the property next door and another £100,000 to refit the building but I have achieved my aim of taking pharmacy to the next few levels."

Way forward for the multiples

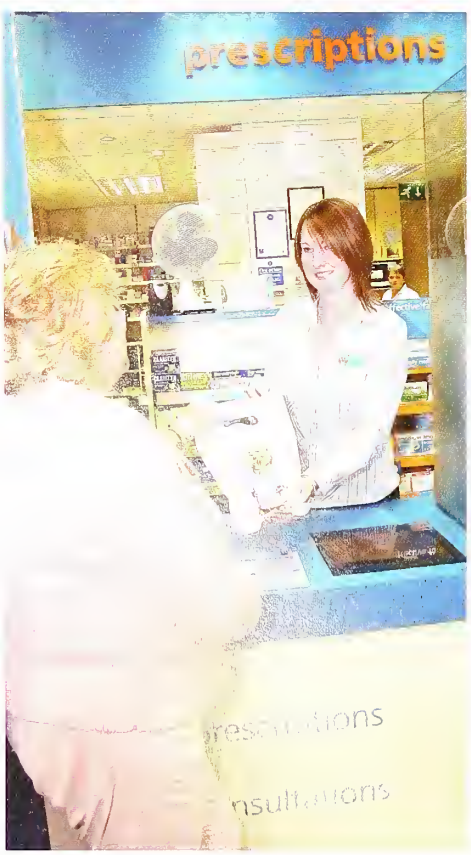
With a substantial development programme underway, Lloydspharmacy is investing in its pharmacies to ensure they are suitable for the challenges that a changing marketplace brings. The group started installing consultation areas within its pharmacies in 1998 and this year some of these have been upgraded to latest standards.

"This investment has been worthwhile, making it possible for us to deliver more than 100,000 MURs in our pharmacies," comments Gareth Owen, director of property and development at Lloydspharmacy.

"Our latest refit specification incorporates innovative equipment and designs and has been developed and refined over the last two years. Investment is targeted to maximise returns and ensure the staff have the right environment to work in," he explains.

New Lloydspharmacy refits will include a care room (an improved consultation room designed to allow a wide range of enhanced services to be provided) and a dedicated customer seating and information area.

To retain the character of Sarson's Pharmacy in Paignton, which is in a listed building, a refit by Numark involved working with existing features such as a decorative ceiling. The finished result is a professional looking pharmacy that has modern elements but includes the traditional aspects its customers know and recognise



Pharmacist Laura Fraser dispenses from the retrieval unit at Rowlands Pharmacy in Hunter Street, East Kilbride

Rowlands is going for consultation

New consultation rooms fitted to a high specification and including clinical facilities are now being rolled out to every pharmacy in the Rowlands group as a result of the new pharmacy contract. The rooms have a PMR system linked to the main pharmacy system to ensure everything can be dealt with there and then. A wide range of leaflets is stocked within the rooms and each has been designed to enable wheelchair access.

Four years ago, the group took the decision to redesign its pharmacies to include consultation booths as part of its dispensing service. "The USP of the community pharmacy is the pharmacist and this key thought underpins our entire approach to shop design," explains Kenny Black, Rowlands' commercial director.

"The focus is face-to-face patient engagement at the point of handing out dispensed medicines while referring to the patients' medication record on a computer screen in the booth. This ensures every customer sees the pharmacist," he says.

Rowlands has incorporated a bag dispensing system into its shop design. Mr Black explains: "The new retrieval area has reduced errors and again facilitates discussion with the patient. Retrieval units have been installed in 190 of our stores and those branches have shown double the rate of the retail growth of those without."

The group is also currently rolling out touch-screen information points to its branches, enabling customers to access information about medical issues, common complaints and lifestyle advice.

"We've installed them in 45 branches to date and customer feedback has been excellent," says Mr Black.

You can expect to see consultation rooms, like this one at Rowlands Pharmacy, Grange Precinct in Birkenhead, at all Rowlands' branches

Automated picking machine is sent from above

Chambers Chemist is concentrating on OTC medicines

Chambers Chemist has just relocated its Hartlepool pharmacy across the road to be next door to a health centre. "Because the new premises doesn't have room for storage space on the ground floor we decided to lose the retail area completely and just sell OTC medicines," explains proprietor Mary Chambers. The old premises has been retained to sell health and beauty products.

Designed by NJL Yorkline, the new pharmacy incorporates a consultation room and a toilet which meets disability requirements. With a high level of prescriptions and minimal storage space, Ms Chambers has invested in a Rowa automated picking machine by ARX which has been installed above the pharmacy on a reinforced concrete floor.

After inputting the details into the system, the machine creates a label, retrieves the prescription and dispenses it to the relevant terminal in six seconds. It also has a stock control system which automatically updates each time an item is dispensed or restocked.

Full frontal

An American shelf management system that automatically pushes products to the front of the shelf is currently on trial in several UK pharmacy chains.

Profit Pusher spring loads oval, round, square and double-stacked products, providing automatically front facing products that are always on the shelf edge.

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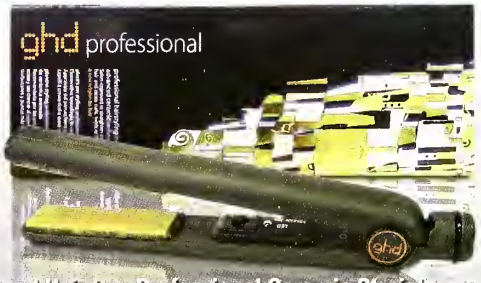

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Kids dig a greener future

Lloydspharmacy donates 'living classrooms' to Coventry kids

WTPL/Matt Limb

Schoolchildren making a difference around Coventry

Lloydspharmacy and the Woodland Trust are offering schools in Coventry free packs of trees to plant in their grounds.

Lloydspharmacy, headquartered in Coventry, is funding 100 tree packs for schools in the area as part of the Woodland Trust's Tree for All project, which will see every UK child plant a tree.

The project, which links to the national curriculum, aims to persuade schoolchildren to leave their Playstations, iPods and mobile phones to go outside and learn about nature.

As the autumn term gets underway, teachers are urged to sign up for packs at www.woodland-trust.org.uk/hedge.

The closing date to register for the trees, to be delivered mid-November, is October 16.

Schools can choose either a hedge pack, which contains 30 saplings such as hawthorn, hazel, dog rose and holly, or a copse pack of 30 young rowan, silver birch and wild cherry trees. The planting of hedges and copses will attract wildlife and give schools 'living classrooms' that pupils can enjoy for years to come.

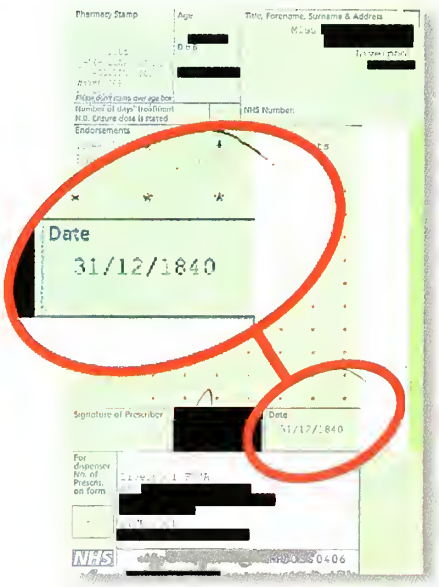
Peter Smerdon, company secretary at Lloydspharmacy, said: "We are committed to doing more to improve the environmental performance of our business. This initiative will help offset some of the carbon dioxide our business activities generate and will improve the local environment around Coventry schools."

Appointments

AS Watson Group has promoted Euan Sutherland to the position of chief executive of AS Watson (Health & Beauty) UK. He will continue to manage Superdrug and will take on additional responsibility for the Savers local community health, household and beauty stores in the UK.

Ascribe, supplier of IT systems to the healthcare market, has appointed Chris Dickson as chief operating officer. Dr Dickson started his career as a GP before moving into the private sector.

Assistant spots the deliberate mistake



An eagle-eyed dispensary assistant at Lancelane Pharmacy in Wavertree, Liverpool, noticed that this computer-generated prescription appears to pre-date the advent of the personal computer by more than a century. Luckily Barbara Pedder, who has worked at the pharmacy for 26 years, spotted the error and drew it to the attention of pharmacist Leo Risley.

Pharmacists and friends join Welsh run

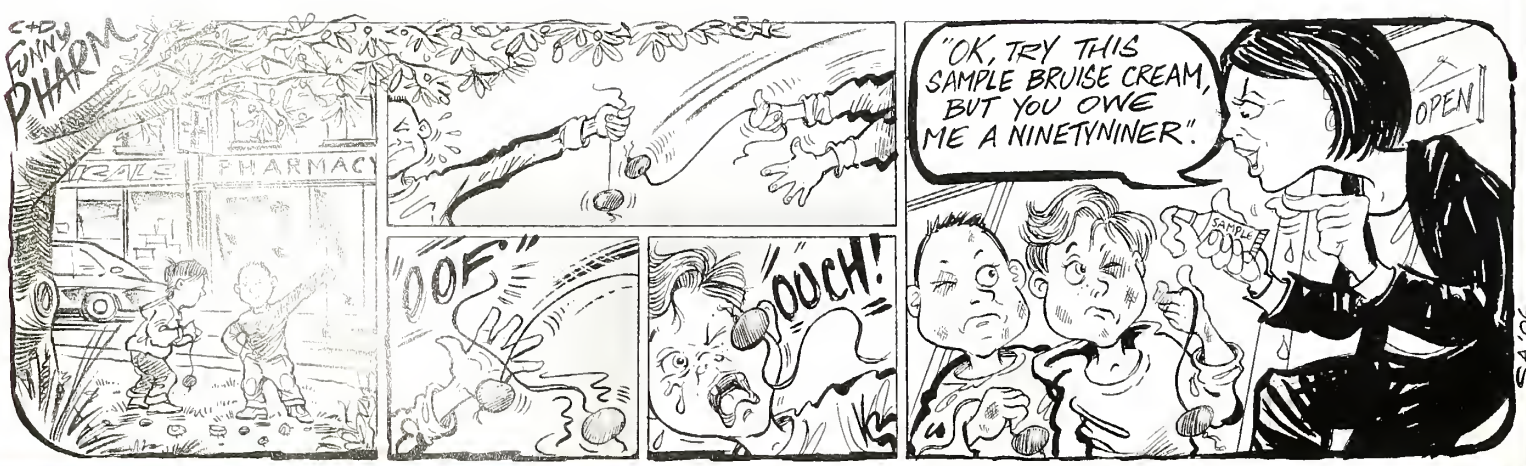
More than 200 pharmacists, health professionals and their friends throughout Wales will put on their running shoes for the Kidney Wales Foundation charity on October 15.

The 210 runners hope to raise £100,000 for the charity by taking part in the Cardiff marathon and half marathon.

As a celebration for the runners and to promote the success of pharmacy and friends in Wales working together, a gala dinner will take place at Cardiff City Hall the same evening.

Special guests include assembly members Dr Brian Gibbons and Jane Hutt, Carwen Wynne Howells and pharmacy organisations plus some surprise celebrities.

Tickets for the dinner are selling fast, but a few are still available at £45 per head or for tables of 10. If any readers wish to attend, please contact Catherine Stanley at CPW (tel: 02920 442072 or email catherine.stanley@cpwales.org.uk).



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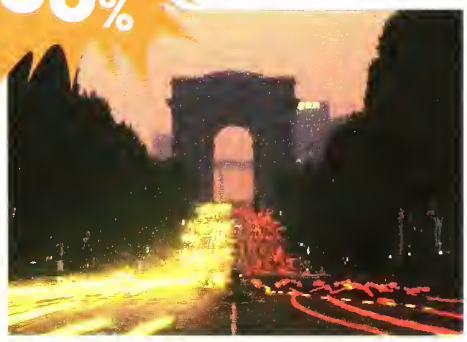

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paracetamol, caffeine & phenylephrine

paracetamol & phenylephrine

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Benylin Cold & Flu Max Strength Capsules product information: Presentation: Orange Capsule containing 500mg Paracetamol, 6.1mg Phenylephrine hydrochloride and 25mg Caffeine. **Uses:** Relief of symptoms associated with the common cold and influenza, including headaches, aches and pains, sore throat, headache, fatigue and drowsiness, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: 2 capsules with water every 4 hours, up to a maximum of 8 caps in 24 hours. Children 6 – 12 years: 1 capsule every 4 hours, up to a maximum of 4 capsules in 24 hours. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease and cardiovascular disease, hypertension, hyperthyroidism, history of peptic ulcer. Also contraindicated in patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon and diabetes mellitus. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators, and ß- blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbituates, monoamine oxidase inhibitors and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, headache, nausea, vomiting and occasionally palpitations; tachycardia or reflex bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 16 capsules £2.99. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 12063/0066. **Date of preparation:** June 2006. **Benylin Cold and Flu Max Strength Sachets (Non-Drowsy) product information: Presentation:** Yellow powder for oral suspension containing 1000mg Paracetamol and 12.2mg Phenylephrine hydrochloride. **Uses:** For relief of symptoms of colds and influenza, including the relief of headaches, aches and pains, sore throat, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: Contents of one sachet dissolved in hot water. May be repeated after 4 – 6 hours. Maximum of 4 sachets in 24 hours. Under 12 years: not recommended. **Contraindications:** Known hypersensitivity to any ingredients. Severe coronary heart disease or hypertension. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon, diabetes, phenylketonuria. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators, and ß-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbituates, monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with MAOIs. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, tachycardia and occasionally bradycardia, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. **RRP:** 10 x sachets £3.99. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 12063/0034. **Date of preparation:** June 2006. **Reference:** 1. Data on file, Pfizer Consumer. Benylin NPD & Design Qualitative Research, Feb 2004. The Big Picture.